STUDIES IN REHABILITATION COUNSELOR TRAINING

The Utilization of Support Personnel in Rehabilitation Counseling

Joint Liaison Committee
of the
Council of State Administrators of Vocational Rehabilitation
and the
Rehabilitation Counselor Educators

1969

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The Studies in Rehabilitation Counselor Training are supported by the Rehabilitation Services Administration, Department of Health, Education, and Welfare.

PREFACE

This publication results from the joint efforts of a group of administrators of state vocational rehabilitation agencies and of members of the faculties of universities engaged in the training of rehabilitation counselors.

The authority for the support of training of rehabilitation counselors to work with the handicapped is found in the Vocational Rehabilitation Act of 1954, as amended through 1968 (Public Law 565, 83rd Congress and Public Law 90-391). With this authority the Rehabilitation Services Administration in the U. S. Department of Health, Education, and Welfare, has encouraged and supported the development of curricula for the training of rehabilitation counselors.

The state vocational rehabilitation agencies participating in the Federal-State Service Program are the largest employers of rehabilitation counselors and are directly and properly concerned with the entire problem of the training of counselors. The Administrators of these State Agencies comprise the membership of the Council of State Administrators of Vocational Rehabilitation, a semi-official body established to provide consultation and advice to the Federal Rehabilitation Services Administration. Generally referred to as the "States' Council," this organization urged the development of professional training for rehabilitation counselors and established a Standing Committee on Training to consider the needs of the state agencies for the basic and continuing professional development of rehabilitation counselors. The Council strongly supported the efforts of the Federal office to stimulate interest, in universities, in establishing curricula in the field of rehabilitation counseling.

In April 1957, an ad hoc committee on training of the States' Council and the University Training Coordinators came together, officially, for the first time. There had been growing recognition on the part of State Administrators and the university professors of their community of interests. In the following year a continuing committee was appointed. As a result, the annual meetings of the Coordinators, to discuss the continuing development of the curricula, were also attended by members of the Committee on Training. By 1959, it was clear to all of the participants that there was a need for more organized liaison between the university professors and

the administrators to deal with some of the problems of relating curriculum to practice.

The University group designated their representatives from each of the regions of the country organized administratively by the Rehabilitation Services Administration to work with the States' Council Committee on Personnel (formerly the Committee on Training), composed of Administrators from each of the RSA regions, to consider ways of sharing and obtaining information relating to the problems of counselor training. The combined group, with representatives of the Rehabilitation Services Administration providing consultative services, met for the first time in March, 1960 as the "Joint Liaison Committee of the Council of State Directors of Vocational Rehabilitation and the Rehabilitation Counselor Educators." In 1968, the University group formed the Council of Rehabilitation Counselor Educators in order to provide better organization, communication, and representation among the expanding training programs. The University group is now represented on the Joint Liaison Committee by the Board of Directors of this Council.

All members of the Joint Liaison Committee agreed, in 1960, that priority should be given to discussion of the following four topics:

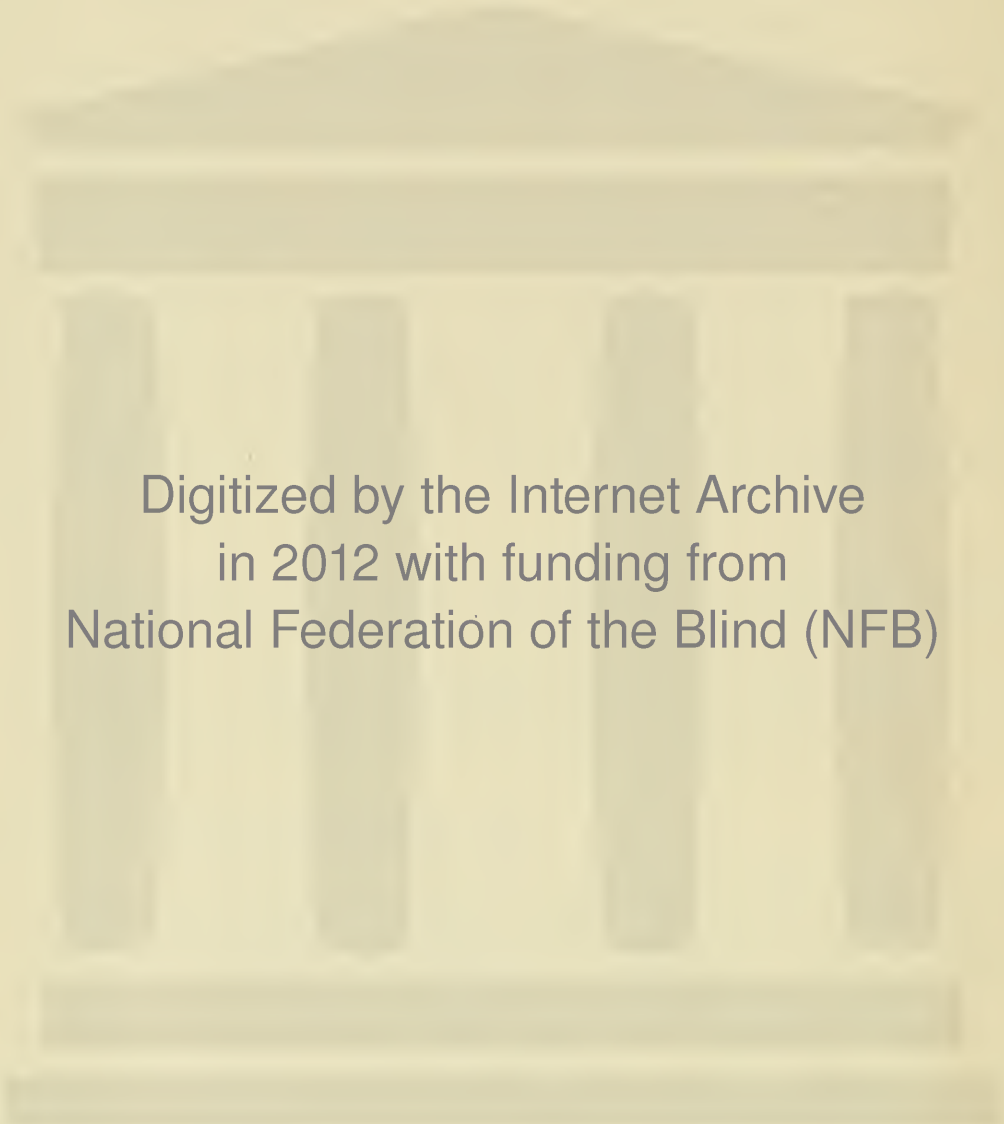
1. Follow-up of University rehabilitation counseling program graduates hired by State Vocational Rehabilitation Agencies;
2. Problems, methods and standards in the recruitment and selection of students for University rehabilitation counseling programs;
3. Curriculum development; and,
4. Field instruction for students enrolled in university rehabilitation counseling programs. (This topic was later changed to the role, content and methods of supervised clinical practice.)

At the meeting in March, 1960, four subcommittees representing both groups, were formed to study these specific topics. In subsequent years additional topics have been studied. It is the intention of the Joint Liaison Committee to develop and make available training materials which may be useful for all organizations and institutions interested in the professional development of rehabilitation counselors.

The Joint Liaison Committee holds regular working meetings, twice a year; and participates in the joint conferences of the total Administrator-Educator group. The Administrators and Educators

appreciate the great help they have received from the Rehabilitation Services Administration, which has sponsored and supported the activities of the Joint Liaison Committee, and whose staff members have contributed greatly to the Joint Liaison Committee and its individual subcommittees.

This publication is issued in accordance with the objectives of the Joint Liaison Committee.



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INTRODUCTION

The papers included in this monograph were presented at a Joint Conference of State Administrators of Vocational Rehabilitation and Rehabilitation Counselor Educators held in December, 1968 at the Jack Tar Harrison Hotel in Clearwater, Florida. The Conference was planned around the theme of "Utilization of Support Personnel in Rehabilitation Counseling." Dr. Frank H. Echols, Coordinator of the Rehabilitation Counseling Program at Florida State University, served as host for his University which sponsored the Conference for the U.S. Rehabilitation Services Administration. Participants included representatives of the Rehabilitation Services Administration, administrators of state rehabilitation agencies, and educators responsible for graduate training programs for rehabilitation counselors and undergraduate programs in rehabilitation in universities and colleges where such training programs are supported by the U.S. Department of Health, Education and Welfare.

The members of the Joint Liaison Committee decided that the presentations should be published as Monograph 7 in its series entitled *Studies in Rehabilitation Counselor Training* so that they could be distributed more widely. It is felt that these presentations will be useful to educators and administrators considering implications of the use of support personnel for rehabilitation counselor training as well as for rehabilitation in general. The presentations relate support personnel to both the philosophy of rehabilitation and changing practices in rehabilitation. Suggestions are given for developing support personnel programs, and experiences in using counselor aides of various kinds are described. It is hoped that the Conference and the papers here presented will facilitate solution of the manpower problem and will result in improved rehabilitation services.

THE NEW REHABILITATION WORKER

Joseph Hunt, Commissioner
Rehabilitation Services Administration
Social and Rehabilitation Service
U.S. Department of Health, Education and Welfare

May I first express my sincere thanks to you — educators and administrators — for your kind invitation to keynote your meeting here in Clearwater. I accept the opportunity to speak frankly of some of the problems facing all of us now and through an indefinite number of years to come.

In the process, I hope we shall put aside several myths about ourselves and join hands to achieve an increase in manpower to better serve the handicapped people of our country.

I am afraid you will think that my paper has some hard sayings, but I feel it is time to look objectively at things and not to be afraid to blush if some of our shortcomings move on to the screen during the next several days of workshop sessions.

You have asked me to speak on the "Effective Utilization of Support Personnel in Rehabilitation." By this I presume we mean the "New Rehabilitation Worker" who will be recruited to work with more highly trained rehabilitation personnel.

The use of support personnel or the "New Rehabilitation Worker" is an old subject. Believe it or not, I first heard it discussed in the fall of 1943, although nothing came of the casual explorations. The present excitement over it is new. And for good reasons. In the United States, we are running short of highly trained professional manpower in all fields. New laws and programs are pushing up the demand side. Over and above this, the nation faces a crisis in its cities and in the neglected countryside. The rehabilitation program along with the others needs to get busy to meet what is expected of it. Ordinary recruitment procedures are not enough. They are not furnishing the answer to the problem. Nor are the universities.

In attacking the problem, there is need for much activity on the part of both directors and educators. As some directors who have tried it know, there is a real need for a change of attitude on the part of highly trained staff, supervisors and counselors in order that a climate of hospitality may be developed to receive the New Rehabilitation Worker. And when these persons are on the job, the supervisors have things to do to counsel with counselors who feel threatened by their achievements. I have thought for many years

that a number of functions performed by counselors require neither the kind of university preparation we give them nor the special experience which many insist is necessary. This, of course, is not a rehabilitation counselor exclusive. Professional people in other fields do much clerical, nonprofessional and semiprofessional work. These conditions or habits, however, cut down the supply of precious manpower and it is time for us to reexamine the situation and put a stop to some things.

The educators have to look everything over again, too. Their thinking and experience must be put on the line with the administrators' problems. Federal grants have become very substantial and all involved have a new responsibility to develop appropriate manpower to meet the growing crises.

It is incumbent upon both directors and educators to put aside the elegant, comfortable professional prejudices of the past in a genuine joint effort to encourage creativity and innovation all along the line.

We must make a good try at managing the less useful characteristics of professionalism and credentialism. We must clear the way for fresh approaches to the problems (and there are many) of utilizing support personnel in a time-honored professional program.

The advance copy of the Report of the Advisory Committee on Merit System Standards has this to say:

> The Committee finds that professions exercise significant influence over aspects of public personnel administration and the supply of trained manpower for the public service. They are a major force in postemployment education as well as preemployment education, and have improved standards of practice. They have significant contributions to make to the improvement of merit system administration.
>
> Public personnel agencies should assume leadership, working with professional organizations and professional schools, as well as program agencies, to avoid unwarranted restrictions on entrance and advancement and on occupational and interdisciplinary mobility. The professions can help in developing reasonable job and career structures and realistic standards for recruitment, selection, training and promotion of sufficient numbers of the best available persons at professional and subprofessional levels to meet program needs. Professional credentials are one way of providing evidence as to appropriate knowledges, skills and abilities; alternative ways can be developed by collaboration of the concerned professional and psychometric experts.

Henry James once spoke eloquently of his respect and affection for his alma mater, Harvard University.

"Harvard," he said, "never got in my way."

John Gardner in his recent book *No Easy Victories* has several things to say in this connection.

> Professions are subject to the same deadening forces that afflict all other human institutions: an attachment to time-honored ways, reverence for established procedures, a preoccupation with one's own vested interests, and an excessively narrow definition of what is relevant and important.

And again —

> As we all know, there exists among many faculty people (and, indeed, among professional men everywhere) a widely accepted myth concerning the purity of the professional and the corruptness of the administrator. On the one side, the myth asserts, there are scholars and professionals — pure and selfless spirits who think only of the high requirements of their calling; and on the other side, there are the administrators, organization men and politicians — seekers of power and status who achieve their aims by a willingness to compromise their convictions. The myth is sustained by frequent repetition of Lord Acton's aphorism. It is hardly surprising that these attitudes nourish a certain paranoia in the academic man who holds them: *in every encounter with decision-makers he sees himself as the potential victim. Yet the available evidence indicates that he is immensely skillful in advancing his own interests.*

In a good-natured ribbing of fellow educators, he once wrote:

> Educational activities outside the schools and colleges enjoy little prestige and have had virtually no connection with the formal system. The educational world, after all, has its own snobbery. The dukes and earls of the graduate schools find it sufficiently burdensome to have to associate with the solid yeoman of the business school faculty, without having to tolerate the barefoot knaves who operate outside the formal system altogether.

> I believe in the value of formal courses for career development, but I believe even more strongly in work itself as a means of learning. Responsibility for making it so rests heavily with the supervisor. He can open doors or close them, help people grow or prevent growth, stimulate or stifle. A supervisor who isn't a teacher and developer of people isn't a very good supervisor.

The educator and the program administrator are the bridge builders. Both must have a part in the engineering and the design. Some of you have joined together to produce this collaboration in rehabilitation. Now all must work together to achieve this. There is no time to lose.

As I understand this year's program, the specific charge to this Joint Conference is to develop a set of guidelines for the optimal

utilization of supportive personnel in rehabilitation. In carrying out this charge, I am sure that you are aware of the tremendous task and responsibility which has been set before you. There are approximately three million individuals employed in health activities. Yet the fact remains that there are severe shortages of men and women in every health or health related field. Of course, we know that some professions had their origins in work which was primarily of an assistive nature. The fields of nursing and physical therapy are notable examples. Many professions today are experimenting in the use of auxiliary workers to help alleviate these shortages. While we may discover that the utilization of aides is no panacea for all of our manpower ills, I think that if they are assigned properly in their work they can be of invaluable help to the already overburdened professional. In considering your charge, during the next three days, I hope you will examine thoroughly the complex problems involved in the recruitment, training, supervision and evaluation of support personnel.

Rehabilitation agencies are currently using aides in rural areas and impoverished urban communities. As manpower shortages in the field of rehabilitation increase, it can reasonably be expected that the use of support personnel will show a corresponding increase. In addition, the 1968 Amendments provide grants to state rehabilitation agencies and other public and voluntary nonprofit agencies to enable them to develop new programs to recruit and train persons for new career opportunities in order to supply appropriate manpower in programs serving disabled individuals and to upgrade or expand these services. The Amendments also enable these agencies *to recruit and train the disabled* to develop new career opportunities in rehabilitation.

The Social Security Amendments of 1967 have a provision concerned with the utilization of supporting staff. This law requires that State plans be amended, no later than July 1, 1969, to provide for the training and effective use of paid "subprofessional" staff with particular emphasis on the full-time or part-time employment of persons of low income, and in certain of the public assistance titles, of recipients of assistance, as community service aides.

Consider the professional manpower needs of one specific field — rehabilitation counseling. Our survey of July 1, 1968 of current and projected vacancies in counselor positions in State agencies showed the estimated number of additional counselors needed between July 1, 1968 and June 30, 1969 to be 1,400. Now, if we consider the need for counselors in public and private rehabilitation agencies, this

figure probably should be tripled. We know that our graduate training programs and our work-study training programs currently do not have the capacity to produce personnel at a rapid enough rate to satisfy the present needs. It seems clear that the recruitment, training and use of aides is an essential response to the manpower crisis.

In any kind of discussion concerning the New Rehabilitation Worker, primary attention must be given to the relatively uncomplicated fact that they are currently employed by public and private rehabilitation agencies, given some kind of training and perform a variety of jobs.

I believe that necessity has demanded this, and I think we should spend some time developing an adequate definition of just what we mean by support personnel. In this sense, I realize that such a definition would be dependent upon the nature of the tasks to be performed by these persons and a firm delineation of the counselor's role and function. These tasks vary from agency to agency and sometimes from day to day within a specific agency. However, within the field of rehabilitation, several different kinds of auxiliary personnel have been identified: (a) those persons who assist the professional by performing office tasks such as the completion of reports, filing, controlling follow-up actions, etc.; (b) individuals who have an intimate experience with or a substantial knowledge of specific disabling conditions, e.g., the recovered alcoholic or drug addict, or persons familiar with sign language; (c) people indigenous to a particular racial or cultural subgroup who act as liaison between the community and some particular agency; and (d) counselor aides who move up into some level of counseling with supervision and, in some cases, do certain counseling functions independently.

In attempting to define the kind of personnel I have been speaking about (and their functions) I think this committee will find that it is dealing with a highly controversial and emotionally laden topic since definite opinions probably have already been established. I can only urge you to be forthright in your discussions and flexible in your approaches.

At this point you may ask, "What are some of the RSA training and research activities which relate to the utilization of support personnel and the subsequent alleviation of manpower problems?" Ten training grants have been made at the undergraduate level for the preparation of personnel for the field of rehabilitation and other helping services. One of the primary objectives of this training is to increase the supply of manpower (including support personnel)

available to staff the many new, expanding and increasing number of programs to serve the disabled and disadvantaged, especially the State agencies. Universities or colleges which receive these grants must meet certain criteria. For example, the program must be located in a liberal arts college. In another program, at present a small one, grants have been made to Delgado College, New Orleans, and the Inter-American University of Puerto Rico to train what is referred to as "bench-technicians" in prosthetics and orthotics. Ten students are currently enrolled in the Delgado program. They have an educational range from ninth grade to two years of college and four of these students are disabled.

Plans for in-service training in the rehabilitation of the mentally retarded for rehabilitation counselors and aides are being developed at two short-term training centers, the University of North Carolina and California State College at Los Angeles. I think a quotation from the director of the North Carolina Center is appropriate here. He states:

> Since approximately 65 percent of the mentally retarded come from the group that is the target area of the antipoverty programs, it is clear that rehabilitation counselors, rehabilitation aides, and other rehabilitation personnel who will be assigned to this target group will need information and techniques for the not insignificant proportion of that population which is classified as mentally retarded.

At the Texas Technological College, in addition to her regular rehabilitation counselor training program, Dr. Beatrix Cobb supervises a training project which provides knowledge and skills needed by supportive personnel for rehabilitation counselors in the area of interviewing. She is training a group of rehabilitation interviewers for the Texas state agencies. The training provides skills in the interpersonal relationships in the elicitation of social, medical, and work histories of the rehabilitation client. Early reports indicate the project is meeting with considerable success.

I assume that most of you know of the recent report of the Institute on Rehabilitation Services entitled "The Effective Utilization of the Rehabilitation Counselor and Supporting Staff." This report will be available to this group some time this morning. It is a rather intensive account of the pertinent issues involved in the use of aides in this aspect of rehabilitation.

In addition, a training committee consisting of rehabilitation counselor educators, state agency directors, and regional rehabilitation personnel is investigating ways of infusing information about

the socially disadvantaged into rehabilitation counseling curricula. This group has only met twice but one report has been that educators and professional rehabilitation workers need more education. Here is work for the bridge builders.

Turning to the subject of research, I believe that, with the basic help of universities and colleges, state rehabilitation agencies and rehabilitation facilities, some interesting and exciting results have been produced. The RSA publication "Increasing the Supply of Qualified Rehabilitation Counseling Personnel in State Vocational Rehabilitation Agencies: Guidelines for Action" which developed out of the McAlees-Warren study pointed out early that the counseling function is only to be assigned to the fully trained counselor and other less professional activities to individuals with less training. It also indicated that, to maintain supporting staff, rehabilitation agencies must develop career lines for these workers. Although these positions may or may not be terminal, opportunities for promotion and advancement will have to be made available.

Over the years, a relatively few states have used aides in a variety of rehabilitation settings; California and Oklahoma are outstanding examples and have pioneered in their utilization. The state of Wyoming began the first RSA-sponsored demonstration project which used aides to give services to clients under the supervision of trained rehabilitation counselors. This study employed women, who received a modicum of training in rehabilitation, in an attempt to improve vocational rehabilitation services to clients residing in remote areas of the state. The results of this project have shown that aide utilization effected significant positive changes in the provision of services to disabled clients. We feel that the Wyoming project was certainly innovative in its approach and illustrates what can be achieved when there are certain obstacles to be overcome or problems to be solved.

Dr. Charles Truax, working at the Arkansas Rehabilitation Research and Training Center, has produced some very interesting research pertaining to the employment of supportive workers in rehabilitation counseling. In his work comparisons were made between counselors and untrained counselor aides who worked under many different conditions. Because of the importance of Dr. Traux's findings, I should like to quote from a section of his research. He states:

> Given the high level of training required for the professional practice of rehabilitation counseling, the complexities involved in the counseling process, and the extensive fund of expert

knowledge required, it seems likely that under daily supervision supportive personnel can demonstrably increase not only the available manpower pool, but do so with increased client benefit if the administrative structure is vertical rather than horizontal and provides a one-to-one relationship between professional personnel and supportive personnel, but with the supportive personnel dealing relatively independently with his own caseload.

This research has many implications for the use of aides in rehabilitation settings especially since it *seems* as if the quantity and quality of services to disabled clients are improved by their employment. In addition, the findings suggest that aides are able to function at higher levels (including counseling) than heretofore thought. I am sure that the latter implication might prove to be a disturbing result for most of us professionals as I indicated in the early part of this paper.

You will have to consider some of the current and possible future problems involving the use of support personnel. For example, "What about the careers or career development of these individuals?" Eventually, we will have to seriously consider this important issue and come up with some answers since this question has meaning for the future of aides in the field of rehabilitation. If, in this job, mobility is impossible and aides do the work of professionals but do not receive adequate status and financial reward, we certainly cannot expect them to perform this work indefinitely. Another question of some consequence, which is related to the first one, is "Should separate career lines be developed for counselors and counselor aides, or should there be just one line leading to the professionalization of the aide?" "What would be the response of professional organizations to such career development?" I am sure this Joint Conference understands that the entire matter of careers for support personnel implies a thorough examination of state civil service regulations with their attendant ramifications and complexities. The broad problem which encompasses the training of aides should furnish a great challenge to all members of this group. First, we must know the specific jobs these persons will perform; second, we have to find out the relevant knowledges and experiences they must have to adequately perform these jobs; third, the best methods of training the different varieties of aides will have to be determined; and finally, it will be necessary to discover ways of evaluating the effectiveness of the training provided.

In your deliberations over the next few days, I believe a pertinent area of inquiry should be whether formal academic training is necessary for support personnel. I know that this issue is related

to how you feel about the ultimate careers of these individuals. However, I sometimes wonder if we will destroy some rare quality or trait within them which will diminish their effectiveness as aides if we impose certain forms of academic training upon them.

Another significant aspect of training involves the preparation of professional rehabilitation personnel for their role in supervising aides. For the most part, there is little in the curricula or practica of their formal training programs which prepares them to work effectively in a supervisory capacity with supporting staff. In the supervision of the indigenous aide, it is best to keep in mind that such supervision assumes a considerable knowledge of the aide and his particular subculture. This problem assumes even greater proportions when you consider the fact that we may need to train a specialist in supervision for which, in the past, training has not been available. We will have to think in terms of different modes of communication since, as all of us know, practically all of our present counseling models are derived from a middle class context. Directors of training programs in rehabilitation must provide relevant course work and experiences which will make the training truly meaningful. Educators and directors and state agency staff, working together, can and should play the essential role in the creation of adequate training programs.

Since rehabilitation aides will be with us for some time, I definitely feel that it is necessary to intensify our research efforts to discover more about the rehabilitation process and the roles and functions of professionals and aides working in different situations. "What are some of the research needs in this highly critical area?" It seems to me it is necessary to determine both the supply and demand sides for supporting staff in rehabilitation.

Some studies have been completed but better information is needed. The jobs of professional rehabilitation workers should be analyzed so that the specific tasks of the new rehabilitation workers can be identified. Replication of Dr. Truax's work at the Hot Springs Rehabilitation Center with clients in other rehabilitation facilities might furnish valuable data relating to the usefulness of aides in a variety of work circumstances. Also, some thought should be given to possible studies concerned with the determination of the best methods of supervising nonprofessional staff. Data should be collected which relate to the characteristics of supervisory relationships which are important to the growth and development of aides. Finally, we need research to discover the most effective ways of delivering services to the socially and culturally disadvantaged including the

most effective methods of communication. I feel that this has been an area too often neglected by rehabilitation researchers. Perhaps, if we could solve some of the communication problems across professions, we would be in a much better position to initiate something meaningful.

May I now, in conclusion, summarize for your consideration several essential points which appear to be necessary in developing an effective program as it relates to the use of support personnel.

1. There must be created a clean staff climate. Too frequently this is talked about but not acted upon. Creating an appropriate climate means involving staff at all levels of planning and operation. The involvement of staff as coequal participants with support personnel is necessary to bridge any existing barriers and lack of communication. The sequel of such involvement is the need for changing attitudes and taking on new and unfamiliar roles. Time must be allowed for this to occur.

2. There must be well thought through selection procedures, and selections must be made with regard to the kinds of job opportunities which are and will be available.

3. Placement procedures must be developed that allow exploration of new roles and exposure to a variety of training experiences.

4. Education and training must be geared to the actual work being performed and should involve learning through participation, by doing and by teaching others.

5. Attention must be given to building career lines that optimize the support personnel's mobility, not only laterally, but also vertically. Also, attention should be given to developing programs that do not get bogged down in meaningless routine or meet with administrative roadblocks.

6. Appropriate supervision of support personnel must be provided by qualified but not possessive personnel to ensure the most effective services to clients.

7. Community support must be developed at the outset, both for building community understanding and for developing procedures for coping with antisocial problems that may develop with the use of such support personnel as former public offenders and others handicapped by psychosocial disabilities.

8. Finally, there must be a research component built into the programs. Research, of course, is a necessary and important part

of any program. It enables us to evaluate what we are doing and to determine ways and means of improving both the qualitative and quantitative aspects of our rehabilitation services to the disabled.

Rehabilitation aides can perform important services for clients, their own communities, state and other rehabilitation agencies, and for the professional people with whom they work.

There are many unsolved problems. But I am confident that the Joint Conference can accept the challenges, and point the way to some useful solutions.

The nation's problems are great and since time is not on our side there is need to be up and doing.

So, for the next three days, Bon Voyage! Bon appetit! But, in your deliberations, do not permit yourselves to get trapped in technicalities and avoid, in any case, all exercises in narrowness.

Remember the story of the young doctor who returned to the village of his birth and called upon the old family physician.

"I suppose you intend to specialize," remarked the elder.

"Oh, yes," replied the youth, "in the disease of the nose only, for the ears and throat are too complicated to be combined with the nose for purposes of study and treatment."

Thereupon the family physician inquired, "Which nostril do you plan to concentrate on?"

SUPPORT PERSONNEL — IS THERE A CHOICE?

Morton H. Bregman, Coordinator
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What choices are open to us? Are they whether we should use support personnel at all, or only until we have enough professionally trained personnel; or rather, are we to be concerned with why do we need support personnel, how should they be used, and who are they and what are they to do?

We are all acutely aware of the ferment taking place in our society. Teenagers, militants (both black and white), college students, and many others ask searching questions about our society and its institutions. While we may agree with those who are raising these questions we keep searching for answers. Perhaps part of the developing resistance to this ferment relates to our frustration in not knowing what to do about the problems. When we ask those who are the critics, what can we do, the only response is a restatement of the problem. It seems to me that the field of rehabilitation also has its areas of controversy, not because we have asked the question without offering a solution, but rather because we have offered the solution without clearly stating the question.

The controversy becomes very clear when we examine the topic of utilization of support personnel. The literature, conferences, and conversations in the bar appear to be surrounded with emotional overtone which is out of proportion to the issues at hand. Those who agree with the proposition tend to accuse those who are seemingly against it that they are more concerned with the maintenance of professional identity than they are with meeting the needs of clients. On the other hand, those who speak out against their use argue that the person with less than the professional degree is not as effective as the university educated counselor. Some feel that the relationship between counselor and client is the key to the process and that knowledge gained through graduate training is only secondary. Others are concerned that the educated counselor will spend too much time exploring the psyche without proceeding on to the task at hand, that is, closing a case as rehabilitated. For years we have been talking about how the janitor seems to relate to our clients more effectively than the professional. The use of the in-

digenous worker has been the sine qua non of the poverty program. Reissman[1] has developed a whole system of new careers based on the utilization of subprofessionals. Junior colleges and Schools of Allied Health Professions have developed curricula for the training of aides. State agencies have and will continue to hire counselors with BA degrees or even less. Mental health programs have used Medicine Men, and in China, high school graduates are being trained to do brain surgery. Pressures for service will increase astronomically as a result of the 1968 amendments. The list of our arguments and counterarguments and needs can go on and on. I would like to state here and now that I agree that the answer is support personnel. However, where I become less sure of myself is in knowing exactly what question I am answering.

In order to deal with the topic at hand, I would like to suggest a few of the many questions, and possible courses of action which may be answered by utilizing support personnel.

1. We don't have enough counselors. How can we stretch the available supply?

2. Is the professional counselor really required to accomplish our objectives?

In short, who and what are these personnel to support?

Flowing out of these are additional questions which must be answered before we can arrive at an effective model or models for the utilization of all personnel. "What, if any, institutional changes must be made both in the use and training of personnel?" "Are the institutions responsive to the needs of clients or must the clients be responsive to the needs of the institution?"

Question number 1 relates to the oft repeated statement that there has been and will continue to be a shortage of professional counselors, and that this shortage will be intensified by passage of the 1968 amendments. Smits[2] and Porter, et al.[3] have clearly documented the need for additional personnel. With over 5,000 counselors employed in the State-Federal program in 1967 there were 1,244 vacancies, not including the replacements required for those who resigned. Dishart[4] reports that 62 of 90 state directors ranked the availability of more counselors as the most important factor in improving their agency services. Even if the number of graduates from the university programs were to triple or quadruple, it is unlikely that at any time in the near future all of the state agencies will be able to fulfill their counseling positions with such graduates. This is particularly true when we recognize that Hylbert[5] found that

only 40 percent of his graduates go to work in state agencies and that their average length of stay is 23 months. So whether we agree or not with the proposition that someone will have to help the counselor meet the present and future demands for service, something will have to be done.

One aspect of our personnel problem relates to distribution. The availability of graduates and the location of jobs are not equitable. We may have an oversupply in New York City, and a shortage in Nevada. We need to examine methods for balancing the need and the supply.

One possible solution to the personnel problem arises out of an analysis of the counselor's duties. Muthard, Miller and Barillas[6] found that only 25.5 percent of the counselor's time was spent in actual counseling and guidance activities. Using these data as a basis, all we have to do is eliminate his noncounseling duties and, ergo, he can now handle more clients. Utilizing some arithmetical gymnastics, each counselor provides approximately 10 hours a week or 460 hours per year of direct service. Multiplying this by 5,250 counselors we find that the 569,907 clients served in 1967[7] received 2,420,000 hours of counseling or almost 5 hours each. Following this line of perhaps illogical reasoning, it can be shown that for each 100,000 clients we will require 1,100 counselors.

On the other hand, if the counselor were not burdened with excessive incursions into his counseling time he could not only serve more clients but also serve them better. Just doubling the amount of counseling time from 25 to 50 percent means that we should be able to serve twice as many clients, or the same number of clients can be given twice as much counseling, or a combination of both. To accomplish this, according to Muthard's data, all we have to do is eliminate recording (17.5 percent), and clerical work (6.5 percent). On the other hand, if recording is necessary, and some counselors, educators, and administrators seem to feel that it is, we could eliminate clerical work, traveling (10.5 percent) and lunch (9.7 percent). It is obvious that we need a close examination of these noncounseling activities to determine which, if any, can be done by secretary, aide, or even a machine, or perhaps even be eliminated altogether. Following the line of reasoning that the counselor has too much to do, we are led to consider the use of less than professionally trained persons as counselor aides. In this way the supply of available counseling time will be increased with a concomitant reduction in the need for (or perhaps an altered role of) MA level counselors. In line with this approach a series of suggestions have

been made which involve the employment of individuals with less than an MA degree who can be utilized as aides to perform "some" of the counselor's duties and, in turn, free him for his more "profound" activities. Hylbert[8] proposed the utilization of BA level people who can engage in the case management function. Truax[9] has trained secretaries to handle their own case load under the supervision of counselors. Parenthetically, I would like to know how our typing will be done; perhaps we will have to train secretarial aides to perform these duties. State agencies are hiring individuals without specific education in rehabilitation and in cooperation with universities they are provided with a combination of course work and in-service training. All of these approaches certainly may offer the possibility of enhancing services to our clients. However, we need more research evidence to substantiate the real benefit to the client and the counselor of the utilization of such personnel.

The evidence I have been able to find has been somewhat contradictory. Miller, Muthard and Barillas[10] state that the trained counselor spends less time in counseling and guidance activities with concomitantly more time spent in recording, even though it has been reported that the educated counselor appears to be more effective in achieving objectives of the counseling process. *Research Briefs* of August 15, 1968[11] reports on a study of the validity of interview responses given by welfare recipients to high status interviewers and low status interviewers. Without these categories being clearly defined, it was found that there was a slight trend towards more error in responses to the low status interviewers. The report states "If we can generalize from the research interview to the casework setting, we might conclude until there is better evidence to the contrary that a professional approach to these clients is the one most apt to produce valid results, especially in view of the complex problems involved." While not conclusive, this study does suggest an approach to an examination of the emphasis that has been placed upon utilization of the indigenous workers as intake workers. On the other hand, Truax[12] reports that his findings "strongly suggest that positive results are obtained when aides are individually assigned to counselors, work closely on a day to day basis with professional counselors, but separately handle their own case load. And in this way can demonstrably increase not only the available manpower pool, but do so with increased client benefit." In an earlier paper I reported on the strong possibility that such vertical relationships may create role conflicts between the counselor and the aide. These may occur, not only between counselor and aide, but more

significantly between aide and client. Over and over again it has been noted that, in time, the aide tends to move to identification with the professional rather than the client. We certainly require more concrete evidence concerning the conflicts which may occur between counselor, aide, and client.

Question number 2, "Is the professional counselor really required to accomplish our objectives?" seems to me at least, to be the crux of the problem. Until we can agree that counselors are needed, it is unlikely that we will have any consensus on the use of support personnel.

The answer can be very simply stated: yes. Despite all of the suggestions concerning the use of indigenous personnel, support personnel aides, or that experience has more relevance to the job than the degree, I have yet to see any statements implying that we should totally abandon the practice of the education and employment of counselors. The controversies that do exist appear to relate to how. Muthard and Miller[13] point out that educators and institutions stress different sets of values in counseling. Educators focus on the counselor aiding clients in the development of insights, while institutions and counselors place more emphasis on fostering changes in behavior, i.e., helping the client to become employed. Until these differences are resolved can we agree on how we can train and utilize support personnel? Have we solved the activist-passive, directive-nondirective, counselor-coordinator, vocational-holistic, rehabilitation counselor-counselor in rehabilitation dichotomies? Are these conflicts more apparent than real? Can the differences between the educated and trained counselor be thought of in terms of availability of a repertoire of approaches? The trained counselor has one set of responses to meet client needs; either it works or it doesn't. The educated counselor, theoretically at least, should have the capability to utilize a number of different techniques according to the needs and learning styles of his clients. It is possible that the educators' emphasis may be more applicable if the current counseling model is changed to include support personnel.

In order to get back to the task at hand, we need to examine counseling in terms of process rather than style. Samler[14] suggests that counseling can be viewed as a scientific experiment. "Hypotheses are built on interview clues, client responses, interaction with the client, personal history, and, no doubt, other factors. As additional data, gathered from further interaction and test results and other sources, become patterned at any stage in this process, hy-

potheses are changed, rejected; new hypotheses emerge, and others become more and more firm and integrated." The formulation and testing of hypotheses cannot occur in a vacuum; they must be related to certain specific questions and in the field of rehabilitation it appears to me that our central theme is "Why isn't the client working, and what can we do about it?" In this frame of reference the counselor becomes a decision maker, deciding what information is required, how it shall be gathered and by whom, and how these emerging hypotheses or programs can best be initiated and tested, and by whom. This, then, suggests possible roles for support personnel who will act in a functional relationship to the counselor.

Obviously we cannot clearly differentiate between the data gathering and treatment phase of this process; one flows from another. However, without becoming involved in the question of when and how data should be gathered, at some point it is required, at some point it must be interpreted, and at some point something must be done to develop and implement a plan, either counselor-, client-, or counselor-client-directed.

Such information as work history, nature and extent of disability, family and cultural background, education, aptitudes, abilities and interests, personality, needs and motivation may be required. Can a counselor do his job without adequate information about his counselee? If we are concerned with the counseling techniques to use, we may require information about the client's learning style. Will the client respond to face-to-face counseling, or are other techniques required? What we need to know should arise out of the counseling process, rather than on the basis of a standardized intake procedure. If the client isn't working because he can't find a job, we may need a different set of data than if he isn't working because he has an unresolved oedipal complex. We must also recognize that there is also administrative information required.

Obviously it is neither necessary nor feasible for the counselor to gather all of this information by himself. The administrative data can probably be best obtained by a clerical or administrative person. On the other hand the "professional" information can be developed by a diagnostic technician. Indiana University is training individuals to do visual, auditory, perceptual screening and psychological testing in the school systems. Broskowski[15] has suggested that such individuals could function effectively as rehabilitation technologists. No matter who gathers the data, it is the professional's responsibility to interpret it to himself and, more important, to the client.

In addition to the diagnostic technologist we may also require an information technologist. It would be his responsibility to gather and to synthesize labor market, educational, and other facts which the counselor requires.

We can also train individuals to do intake; however, as I noted earlier, there is evidence emerging to suggest that this may not be as effective as we have thought. Furthermore, I personally feel that the first contact with the client is critical in that an effective intake interview may eliminate the need to spend a lot of time in the face-to-face relationship. If he wants a job and the "right" job is available, why shouldn't he be placed immediately? However, all of this relates to organizational structure which I want to discuss a little later. Once the information is gathered, both by these technologists and from the client, the counselor and the client must decide on a course of action which may affect the role of support personnel.

Once the plan has been developed, it must be implemented. In an earlier paper[16] I went into some detail suggesting various ways in which specialists may be used to support the counseling process. If the client requires training, then we send him to a school where the teacher is trained to communicate specific information which will make the client able to become employed in that particular field. Thus the teacher, who is educated or trained in a specific skill and is employed in activities directly related to his or her background, is a person who supports the counseling function. Others without specific training in required activities, may perform such duties as job development, placement, may be trained to transport a client, or to arrange appointments. Utilizing such individuals, the counselor will be free to make decisions not only as to what the needs are, but how these are to be met and by whom. Of equal, or perhaps greater, significance, individuals will be employed not as aides, subprofessionals, or support personnel, but rather as experts in their own right.

Behavioral modification programs are based on the use of many different individuals. The professional decides:

1. That a conditioning program is required;
2. What behaviors must be altered;
3. What motivational system can be used as a basis for changing behavior;
4. Details the specific behaviors to be rewarded; and

5. Tells the individuals who will administer reinforcements how to do it.

In this way one professional can develop individual behavioral programs for perhaps ten, twenty, or thirty different clients and can use everyone from the janitor to the physician as instruments for the implementation of the plan. Theoretically, if we follow this model, it is conceivable that a counselor may not have to see his client after the initial interview.

The case manager can also be considered to be a specialist. Once the counselor decides what has to be done, it is certainly a waste of time for him to insure that the nitty gritty details are being carried out. This responsibility can and should be assigned to someone who has the expertise and the time to see to it that the required services are given and, if not, why not, and report these facts to the counselor.

In the course of following the details of a case, the case manager will often become aware of problems such as attendance, grades, or personal problems which require the intervention of a counselor. Obviously the counselor should not wait until problems develop before he sees his client. I still believe that an ounce of prevention goes a long way.

The case manager can also be instrumental in keeping the specialist or private agency aware of the administrative requirements of the state agency. In our agency, we have such a person assigned by BVR and have found that she has performed a very important role, both in helping us serve our clients better, and more expeditiously. If we need a medical exam we call her rather than bothering the counselor. However, if we recommend a training program, it is the counselor who must make the decision. It is an exercise in futility and frustration for the client and agency, both state and private, if recommendations cannot be implemented because of a lack of knowledge about what the state can and cannot do. Hylbert[17] has suggested that graduates of the BA programs in rehabilitation could perform these case management functions.

Any recommendation concerning the use of additional personnel requires an understanding of the potential for role conflict. It cannot be completely avoided. There are, however, certain steps which can be taken. We must concern ourselves with the specifics such as recruitment, selection, and retention. Expectations must be clearly defined. Opportunities for career advancement must be made available, both within the particular career line and as movement from one career line to another. As I suggested earlier, part of the diffi-

culty may be related to our need to label people. Why can't we "say it like it is," e.g., job development specialist, secretary, etc.

In addition to individual services we should also look at the possibility of other counseling techniques such as group counseling. Who is to say that in all instances the one-to-one relationship between counselor and client is the most effective? But again, the decision as to what technique to use can (and should) be based on individual needs.

As I indicated at the outset, there are other facets of the rehabilitation process which must be examined and agreed upon before we can use support personnel.

Are the institutional models adequate for serving more clients effectively? On the basis of my limited knowledge, there does not appear to be any common approach to the assignment of counseling responsibilities. There are some agencies which utilize the disability, geographical pressure group (such as schools, welfare departments, disability determination units) as a method for an assignment of their staff. This may meet administrative needs. However, it may mean that some counselors have the opportunity to work with "easy cases" while some are required to deal with very complex problems. Perhaps they find it challenging; perhaps they don't. Perhaps they are frustrated because they can't meet their quotas. Out of frustration their effectiveness may be reduced. On the other hand, some states, such as Iowa, have taken a functional approach to the rehabilitation process. In that state they have developed intake, counseling and placement units with counselors assigned to these according to preferences and expertise. On the basis of conversations with representatives from Iowa, I find that it is their opinion that this has proved to be a very effective approach and has reduced the turnover of counselors as well as enhancing services to their clients. While I am not fully cognizant of all changes occurring in the state agencies, it would seem to me that we need to continue to experiment with new approaches and move to the point where we can agree on a half dozen rather than the apparent 50 different models in operation today.

Related to the question of institutional change, is the question of whether institutions are responsive to the needs of its clients, or must the clients be responsive to the needs of the institution. This certainly must be looked at by the private agencies, as well as the state programs. When a client walks in the door of any rehabilitation facility, he is immediately enmeshed in a process which to many may seem like an endless treadmill without an identifiable

end. Forms must be filled out, medical reports secured, tests taken. I'm afraid to think of what happens to the client who stumbles in our office looking for directions to the washroom. How much of the information gathering effort is required to keep a nice set of books and how much is required in order to help our clients? How much of the motivational problem with which we are confronted relates to the endless data gathering process? How many more clients could we serve with our present staffs? If the client walked in the door and said, "I want to go to school," and in an hour, or even less, he and the counselor agreed, it is possible he could start training that afternoon. Is this sound counseling? I think so. Is it sound from an administrative point of view? Perhaps not.

These questions become particularly germane when we consider providing services to the "disadvantaged." Can and should such individuals wait three, four, eight, nine months before a service program is initiated? How much of the counselor's time is spent just explaining to the client and to the agencies why he has to wait? Is it possible for the BVR office to be set up like an induction station? The Army tests, examines, and inducts individuals in a matter of hours rather than a matter of months. In Pennsylvania, the BVR utilizes diagnostic centers. These are designed to provide the medical, psychological, and social information required by a counselor.

We also must decide what information is really needed. Take testing for example. There is enough evidence available to indicate that testing for the disadvantaged may be an exercise in futility, both for us and the client. There is also evidence emerging which suggests that we have been placing undue reliance on the results of testing and underrating the importance of the interview. How much more can we learn about an individual's problems from an examination of the MMPI or Rorschach than we can from a careful examination of his detailed work history? How many counselors are trained to interpret a WAIS? Meehl[18] in his review of the validity of clinical procedures, reports on a study by Kostlan who found that when clinicians were asked to make judgments on the basis of Rorschach, MMPI, Sentence Completion Tests, and a social case history, they could make no more accurate inferences using the three tests and social history than they could using the social history alone. And in a study by Sines[19] it was found that the Rorschach tended to have an adverse effect on the clinician's accuracy. How much more valid are the results of a Purdue Pegboard than the fact that the client worked as an assembler for seven years? The WAIS has often been used to determine whether or not

he is eligible for state agency services rather than to assess learning ability. If he scores 74, he is eligible; if he scores 76, he isn't eligible. Assuming that some testing may be required, does he need a battery, or is only one test required? Broskowski[20] has developed a research plan to assess the distinctive contribution of all sources of information that lead to preliminary decisions by the counselor. This study, which we hope to initiate, may also help us to determine whether:

1. There is a saving of time by reducing the amount of data.
2. There are any negative costs in terms of outcome by using smaller amounts of data.
3. There is an optimal order in which data should be gathered and fed to the counselor.

How much of the counselor's 17.5 percent of his time recording is spent in relating to the significant aspects of the counseling and guidance process and how much is spent in insuring that this case won't be denied because all the i's aren't dotted and all the t's aren't crossed? How much time is spent meeting the auditor's needs?

These are but a few of the many questions which can and should be asked, in considering the utilization of support personnel in the rehabilitation process, not because we have a shortage of counselors, but rather because we can provide more effective services to our present and future clients in this way. We must know not *what* a counselor does, but *why* he does it. It is necessary for all of us to agree to the problems support personnel are expected to solve before we move too fast in developing undergraduate, junior college, high school and grade school programs for training such individuals. We must take a hard look at what we are doing and how we are doing it so that in the future when there is an oversupply of MA level counselors we will not turn around and say to the support personnel we have hired, "We no longer need you; you were only here as an expedient in an emergency situation." But rather, we will say, "We have needed you and will continue to need you because of your contribution to the overall process of counseling in rehabilitation."

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BENEFITS AND CONCERNS IN AIDE UTILIZATION

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The pressure of increasing numbers awaiting service and a need for effectively serving the severely disabled from all facets of society, coupled with a chronic shortage of trained counselors with which to meet these responsibilities, are major challenges confronting the rehabilitation movement. Although a rationale can be developed for procrastinating in their solution, e.g., the need for higher budgets followed by more staff, these are problems for which we must now seek answers if we are to remain leaders in the field of social services.

It is the rehabilitation aide who appears to offer a solution. Certainly he is not an overnight panacea and under no conditions will he replace the skills of the trained counselor which are needed so desperately. However, his utilization will, if properly integrated into the agency program, assist the agency in meeting its challenges.

The present state of knowledge and experience in this area in rehabilitation is quite limited and, consequently, many issues are controversial. Thus, it is realized that any attempt at a precise definition is arbitrary. It is essential, however, to establish certain definitions from which we can proceed with as much common understanding as possible. The definition of rehabilitation aide utilized in this paper is:

> A rehabilitation aide is a staff person under the supervision of a rehabilitation counselor whose relationship to the client is a continuing one involving the direct provision of rehabilitation services which are essential to the rehabilitation process.

It is not intended that traditional clerical staff, collaborating professionals such as psychologists, social workers, and the like be included.

With the inclusion of the aide, the role of the professional counselor in relation to the aide must be given consideration. To begin with, the rehabilitation aide exists for the specific purpose of assisting the trained counselor to more effectively serve his client. While the aide is often viewed as a stopgap measure, i.e., to be utilized only when there is a shortage of personnel, he should in reality become an integral part of the staff. Even if skilled counselors

existed in sufficient numbers, it is anticipated that little formal assistance could be rendered the severely disabled or multiple handicapped with the present methods now employed for utilizing the trained counselor. Today, the agency rehabilitation counselor is too often recognized as one who performs a wide variety of functions. It is interesting to note that in response to a question regarding self-images of the profession, 67 percent of vocational rehabilitation counselors viewed themselves as working in a jack-of-all-trades role (Western Reserve University, 1967, page 12).

In pursuing this point somewhat further, we can find ample evidence to indicate that a trained counselor in the agency setting must often perform many routine activities which interfere with his ability to practice those skills in which he is trained. Not only is this an established practice in many agencies, but it is quite likely that it is a practice that will continue even should the ranks be filled with trained personnel. It is this utilization of the counselor that presents difficulty, in that the skilled counselor who attempts to focus his skills in solving the problems of today's clients finds that he cannot do so because of the time he must devote to many of the *necessary* but *mundane* activities in the rehabilitation process.

It is of particular concern that the skills of the trained counselor have had to compete with a host of activities requiring lesser, routine skills, many of which he has had to perform singlehandedly. For example, the counseling function has always been considered the highest skill in the counselor's repertoire, but in a time study of counselor activity it was noted that the counselor devoted approximately 20 percent of his time to face-to-face contacts with the client, while almost one-third of all counselor time was spent in office work (*Training Guide in Caseload Management,* VRA, page 29). This is further illustrated in a study of a group of state VR agencies which showed 75 percent of all clients received less than two hours of counselor contact after the intake process was completed (*Vital Issues,* 1965, page 28).

This multi-faceted role is one that appears to have been adaptable to an early day rehabilitation counseling setting, when the process was simpler in its application and the counselor could range across the board with relative ease. However, this situation no longer exists. The rehabilitation process, like many aspects of rehabilitation, has not been a constant factor and it too has felt the impact of legislative action and counselor sophistication. Today, it is a process consisting of a variety of functions ranging from routine data collection and form completion to the ultimate in counseling

expertness. While it allows for a more complete service for the client, it also demands a greater proportion of time and skill from those responsible for its application. It is very clear that if each of these functions is to be effectively applied, the singlehanded effort of the rehabilitation counselor becomes untenable. The counselor, in an attempt to interpret and apply each facet on the basis of individual need, quickly learns that he is engulfed in a morass of procedure which stifles not only his prime skills, but relegates the client and his problems to a secondary level of importance.

Again, if the agency is to meet its responsibilities, it is imperative that each trained rehabilitation counselor be afforded an opportunity to practice his skills to the limits of his professional training; it is at these outer limits where many of the solutions in rehabilitation will be found. Thus, each agency must begin the process of assessing, delineating and removing from the trained counselor's activities those duties which can be performed by those with lesser skills, i.e., rehabilitation aides.

While these aides can be utilized to assume duties requiring lesser skills, there is still another type of aide to be considered. This is the aide who brings to the agency a unique set of skills. For example, the aide selected from a culturally different group might assist the counselor in comprehending the dynamics of this facet of society and, consequently, the client who is a part of that subsociety. Again, there is evidence to suggest that the aide who is a recovered alcoholic can fill a vacuum which no amount of professional skill can.

Whether it be the aide employed to perform facets of the rehabilitation process and/or the one with the unique skills, both serve the trained rehabilitation counselor in the performance of his task. In essence, the aide appears to provide another dimension to the rehabilitation process. For this paper, I have attempted to analyze and evaluate the utilization of support personnel and some of the advantages and problems of this new aspect of the rehabilitation process.

In reviewing the advantages which can result from aide utilization, the most important appears to be the fostering of a rehabilitation approach which recognizes the client as the focal point. The trained counselor who is relieved of routine activities and/or who is assisted by an aide with unique skills can now more ably solve those problems posed by the client. While the increased application of the counselor's skills will be noticeable in every case, it should be most effective in those disability areas now classified as severely disabled

or culturally deprived. It is in these areas where the trained counselor can now begin to make inroads on a more *formal* and personalized basis.

In addition, one of the major problems that has confronted trained rehabilitation counselors is that they have not had the time to perform many of the functions in the rehabilitation process. The result has often been a gross application of the rehabilitation process which, in the final analysis, left much to be desired. With the counselor-rehabilitation aide relationship, it will now be possible for each facet of the rehabilitation process to be applied to the needs of the client with greater sensitivity. The end result will be a vocational solution that is attuned to the client's maximum physical and/or mental capacities.

While the rehabilitation aide will enable the counselor to practice his special skills, he will also enable the counselor to perfect those skills in greater degree. The trained counselor whose daily activity is watered down with routine duties (able only to practice rehabilitation skills at a minimal level), is unable to perfect his professional counseling skills. Counselor growth or the perfection of skills is not only dependent upon the academic process, but upon frequent, maximum utilization of those skills once they have been learned. The removal of the routine duties will enable the counselor to approach client problems in depth. It is in this manner that he is able to note his strengths and weaknesses, and to identify those skills which need honing or new ones which he must learn if he is to meet the client's problems.

The aide will assist him in this endeavor. As the counselor grapples with the problems of the severely disabled, he will in turn demand a continuing refinement in the data he needs to determine vocational solutions. Thus, while the counselor is performing at a maximum level, he will in turn demand a similar performance from the aide. The aide with experience and training will also gain a sophistication in performing that part of the rehabilitation process to which he is assigned.

Although there may be a minimum of similarity, the field of occupational therapy with the utilization of aides was able to raise the level of its professional function and increase its efficiency to a degree that would have been impossible to achieve without such support. Perhaps more important is the observation of Gordon that, "as the subprofessional assumes roles within the professional structure, there is a necessity for the fully qualified counselor to develop new and more advanced skills than those which are currently in-

cluded in his repertoire." (*American Psychologist,* May 1965, page 343)

In addition, the community will profit from the agency's provision of quality service and its serving increased numbers of clients. There is also an additional benefit that can accrue to the community from aide utilization. There is a need for the rehabilitation agency to gain insight into the community structure in order to develop a rehabilitation program reflecting community need. While the development of community relations has largely been a professional responsibility, the professionals have usually been in short supply and many have not resided for any length of time in the community setting in which they practice. Thus, community attitudes and societal divergencies have often remained obscure.

It is anticipated that a sizeable proportion of aides will be employed in the community of their residence, each possessing an understanding and having a rapport with that segment of the community of which they are a part. Perhaps the aide has an identity with minority groups or the culturally deprived. On the other hand, perhaps the aide can identify with a group such as employers, medical personnel, or civic organizations. These aides will not only be able to represent the agency to the community but also specific segments of society to the agency. The result, of course, is that the agency becomes an interwoven part of the community — more attuned to community need.

Certainly a part of the need for developing greater community cohesion is to extend rehabilitation services to those who are eligible for these services. The Rehabilitation Services Administration has established that there are 3.7 million disabled people in the United States who could benefit from vocational rehabilitation services. It is not known in sufficient detail who these people are, where they are or what services they need. It is inconceivable that a sound foundation for program planning can occur unless these individuals and their needs become known to the agency. Again, the aide may provide a means for reaching and providing services to this vast number.

The agency also benefits from the use of aides by being able to serve increasing numbers of clients and by developing more expeditious service. Although empirical evidence does not exist in quantity, there are indications that the aide can assist the agency in increasing the number of clients served. In the IRS Survey Report, twelve states reported using a formal aide program. Of the eleven replies to the question regarding those benefits which have

accrued to the agency as the result of the aide program, five clearly stated they were able to serve more clients.

In addition, a problem confronting the agency has been the time lapse between referral and the provision of services. Sheer numbers of clients and the inability of the counselor to singlehandedly perform the multitude of rehabilitation functions have partially accounted for this delay. Unquestionably, this lapse of time has resulted in many prospective clients failing to avail themselves of service or dropping out once in the process. The utilization of the rehabilitation aide should enable the agency to provide a more expeditious service. In addition, aide utilization may assist the agency in *retaining* and *attracting* qualified counselors.

In assigning the trained rehabilitation counselor to the specific area of his training, the counselor will gain a definable identity as opposed to the jack-of-all-trades concept which appears prevalent within the agency setting now. It is this definable identity which will assist in the retention of the skilled counselors in the agency setting and attract those who heretofore have sought employment with other agencies. Also, it is likely that this role refinement will attract additional numbers of individuals to the university programs. In turn this should increase the numbers of trained counselors available to the agencies. The aide himself is also a potential manpower resource. It is anticipated that the use of the aides will attract many individuals into the agency settings. They then will be able to profit, at some future date, from a formal training program. Experience working in an aide capacity will not only enable each person to gain insight into the field, but also will enable the agency professionals to evaluate the potential of these aides for training in depth.

In projecting the development of the aide within the rehabilitation setting, it is also conceivable that the aide will spark the growth of other highly skilled roles within the rehabilitation process in addition to those of the rehabilitation counselor. What about the areas of placement or intake? Are these facets of the rehabilitation process where special and/or unique skills can be developed? Will the case manager or the coordinator become reality? As one views the initiation and future growth of the aide concept in the rehabilitation setting, one cannot help but give thought to the growth of the aide in other fields. For example, Mr. Hunt in his introductory comments referred to nursing, occupational therapy and physical therapy as recognized professions which had their beginning in assistive functions. In turn, each of these professions now utilizes

aides. Certainly it would appear the aide might well foster the growth of additional skilled roles within the agency setting which will enable the agency to provide a more detailed and complete rehabilitation service to its clients.

In summary, the proposal that state agencies make use of rehabilitation aides may be based on two assumptions: (1) that it will enable the agency to be of greater benefit to disabled persons, and (2) the aide will help to overcome certain manpower problems by relieving rehabilitation counselors of routine duties thus enabling them to better utilize their professional skills. It could also bring rehabilitation services to more clients with greater dispatch by reaching out into the community and providing for better communication.

There are areas of concern in the use of aides. If given careful consideration, however, they should not preclude the use of aides but should enhance it. These concerns affect administration, supervision, counselors, clerical staff, the community, and the client. The purpose of this section is to illustrate them.

Problems at various levels may affect administration. Administrative decisions must be made to enable the most effective utilization of the aide in order to provide more and better services to a greater number of disabled persons.

State legislators and personnel offices must be convinced that the use of the aide will be advantageous to the agency and client. Job descriptions, based on sound rationale, must be developed to describe how the aide will be used. Funds must be made available and budgeted for the aides as well as for supportive services including office space, furniture, clerical services, and travel. Clearly understood lines of communication and supervision should be outlined and established.

Career patterns including salary schedules, advancement, and levels of responsibility must be thought of. How to do this is a real question, as some aides may have completed college, whereas others who are selected for their effectiveness may have very limited formal education.

Public relations may improve with the use of aides; however, at times the aide may lack discretion as he represents the agency and may misinterpret the program. These problems then revert to administration.

Simplification of superfluous procedures and forms might be undertaken to relieve the counselor rather than to provide new staff

to do it. These and other concerns extant in the use of the rehabilitation aide will eventually affect the administration.

There also may be areas of concern in the supervision of the rehabilitation aide. First, who will supervise the aide — the district supervisor or the counselor? There may be conflicts between the aide and the counselor, and the district supervisor may have to arbitrate in these. Clients or others may confuse the aide and the counselor roles; and unless these are clear, it could create problems. The same may occur between the role of the aide and the clerical staff. Clerical staff, usually responsible to counselors, may resent the aide or see themselves as superior to him and thus fail to cooperate fully. Thus, the lines of supervision between the state supervisors, district supervisors, office supervisors, counselors, aides, and clerical staff should be clarified and understood for best cooperation.

Certain concerns evolve around the counselor role as well. The role of the rehabilitation counselor is at best not clearly defined. Some see the rehabilitation counselor as similar to a counseling psychologist working intensively with clients in a counseling relationship. Others view the counselor as one who is involved in coordinating services for the client and maintaining community involvement. The latter would seem to be more accurately descriptive of the role of the counselor working within a state agency. In this role he may function better with the assistance of an aide. If the counselor is relieved of routine duties which can be done by an aide, it would allow the counselor to move up the continuum and better develop and utilize his professional skills.

The counselor should not, however, abdicate his client and community responsibilities to the aide, nor should he feel threatened by the aide. Rather he should take a mature stand and consider how he can most effectively use his aide and delegate to him appropriate assignments. He can then free himself to use his professional capabilities and to more adequately extend his influence. He should not cause the aide to be another obstacle between himself and the client or the community.

If the counselor relates less frequently to the client than the aide, the question may arise as to who is doing the counseling. The counseling relationship may begin with the first contact and continue through all contacts and may include both verbal and nonverbal communication. It would seem, then, that if the counselor is to do more counseling because he has an aide, care must be taken to allow for meaningful client-counselor involvement. The counselor should use his aide with discretion, maturity, and organization.

It should be recognized that it may take much of the counselor's time to organize in order to utilize his aide, especially in cases where the counselor has more than one aide. It has been observed that some counselors have indicated that they could have done their casework in the time it takes to manage their aides.

In addition to concerns regarding the agency supervision and the counselor, there are issues involving the aide himself which must be dealt with. It is difficult to categorize aides, as their duties may differ from agency to agency or from setting to setting. One categorization may include the aide who provides technical assistance to the counselor doing routine work. The second may be selected because they are indigenous to their community, whether it be a city's ghetto or a clannish rural setting. Third, aides may be selected because they have involvement and identification with a particular disability group, such as the public offender.

If the aide is selected to provide technical assistance to the counselor doing routine procedural work, such as paperwork, arranging for general medicals, and setting up other appointments, the position may be somewhat clerical in nature; and presently in various settings these duties are being done by clerical persons. This might be expanded, or the aide may also be used to assist with other clerical duties; however, an aide probably shouldn't be delegated to this role, he needs to be more than another clerical staff person.

Some aides are selected because they are indigenous to their community, and therefore, it is assumed that they may be better advocates for the client. The concern here is that because a person is indigenous to his community it does not follow that he is representative of, or even accepted by his community. Often in the ghettos or within ethnic or disability groups there exist petty jealousies, status strivings, or feelings toward the establishment that make it difficult for an indigenous person to be the link between them. Therefore, care must be taken when selecting an indigenous person that he is the type of person who will be accepted by the community and will be accepting of all who may become clients.

Another assumption is that the aide may be able to communicate more effectively than the counselor within the community. The community may use jargon with which the aide is familiar or that has certain local implications. It may also be assumed that the aide is less easily mislead or "conned" than the counselor. Often this may be the case initially or superficially, but the aide may also be less sophisticated in his understanding of people and their problems. Although the aide may be capable of involvement in a counseling

process, he may fail to comprehend the implications of certain personal-social adjustment problems, e.g., the character disorder. The aide's lack of understanding may lead to an overinvolvement and lack of objectivity. If the aide is to be the advocate for the client and if he fails to recognize the problem, its implications, and limitations, he may argue for unrealistic, untenable programs. If these are subsequently denied, he may project the blame on the establishment resulting in a widened gap between the agency and the community. The client might suffer because such services may in the long run be a disservice rather than a benefit.

The assumption that the aide can communicate better with clients in a community may be correct in terms of greater frequency of contacts. However, persons may be hesitant to give information about personal problems if they are concerned about confidentiality. Often a person will confide in a counselor, a doctor, or a clergyman those things he would not tell a neighbor, housewife, or a local resident. For example, in a small rural town where everyone seems to know everyone else, persons may be sensitive about having others in the community know of any particular problems that beset them. Families may be sensitive to having others know that they have a person within the family that has an alcohol problem, mental illness, etc. Thus, though there may be an increase in communications with clients by the use of aides because of the greater frequency of contact, the assumption that the communication will be greater in depth may not be significantly substantiated. The counselor will still have to involve himself in a counseling relationship.

In time, aides may involve themselves quite well in the rehabilitation process and become proficient in their position and in their relationship with clients, the community, and the agency. It may be that at that time they will become dissatisfied with their status as aides and, depending on their background, may unrealistically wish to be recognized as counselors. Furthermore, they may wish to receive greater remuneration for their services and thus in some ways experience morale problems. Necessary efforts will have to be made to develop satisfactory solutions to these concerns through the establishment of career lines and career patterns with adequate programs of remuneration. They should be based on recognition of the experience received, as well as on carefully conceived in-service training programs that will give the aide a sense of personal, academic, and professional growth and personal satisfaction.

The rehabilitation process is client-oriented, individualized, and goal directed. This process is recognized as being most effective. The

client's plight must be understood and dealt with as he experiences the dumping syndrome, playing the waiting game, or overcoming the numerous obstacles placed in his way to test his motivation. The use of the rehabilitation aide may then be of considerable value in expediting the provision of services to the client, to get through the procedural paperwork with greater dispatch, and to more quickly establish the client in sound rehabilitation programs. However, one of the basic and important services rendered by the agency is that of counseling and guidance. The counseling relationship begins with the initial interview. Though the aide can be useful in this process, his involvement should not interfere with the establishment of client rapport with the counselor, the counseling relationship, and the therapeutic processes. The aide should be a help to the counseling process rather than another obstacle between the client and the counselor.

The client may be better able to relate to the aide than to the agency, and he might request services from the aide that are unreasonable. If these services were to be provided, they might only lead the client to experience another failure and be of greater disservice than a help. Often clients are dependent and may experience anxiety due to their guilt feelings for their dependency. They may externalize these feelings by projecting them on someone else by requesting unreasonable services. As clients exert pressures upon the aide, the aide may have difficulty handling them satisfactorily and either make promises that will be unfulfilled or through rejection alienate the client further. Thus, the client will have to have a clearer understanding of the aide's position, of his capabilities for delivering services, and see him as a friend and a spokesman for him in those cases where he might have felt uncomfortable in approaching the agency.

The relationship of aides to clerical staff also poses some questions. In many cases, clerical staff duties have been historically, and are presently, proportionately similar to those of a rehabilitation aide. Clerical staff may thus feel somewhat threatened by the establishment of the position of aide. The clerical staff may feel that it experiences greater status than the aides or may be somewhat resistant to helping with the clerical work that the aide requests. Every effort must be made to bring about the greatest possible cooperation among members of the entire team, including the aide and the clerical staff.

Summary

The basic assumption is that through the use of rehabilitation aides the state agency will be able to bring more effective rehabilitation services to an increasing number of disabled persons. I have attempted to discuss the advantages of the use of the aides as well as the justification for their utilization. There are, however, areas of concern that should not be overlooked if such a program is to be used effectively for the provision of services to more disabled persons with greater dispatch and at greater depth. These areas of concern affect administration, supervision, rehabilitation counselors, clerical staff, the community, and the aides, as well as the client himself. These areas of concern include the establishment of the position with acceptance by state legislators and personnel offices, the establishment of clear lines of supervisory functions, the orientation of counselors in effective utilization of aides and in the delegation of certain duties to them without abdicating the counselors' responsibilities to the client and the community, the establishment of satisfactory rapport between aides and clerical staff, and finding aides who are acceptable to their community with whom they can communicate with confidence in a realistic fashion without expectation of unreasonable services. It would then appear that the worthwhile use of aides will involve great care in selection, delineation of responsibility, orientation, and supervision. If adequate consideration is given to these concerns and if provisions are made to meet them, the use of the rehabilitation aide will enhance the rehabilitation process, the agency and its services, its communications with disability groups or communities, and with clients. Only if satisfactory solutions and attention to the problems and concerns involved in the use of rehabilitation aides can be reached by all parties concerned will the plight of the client be resolved.

ROLE OF REHABILITATION AIDE

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It is a real privilege for me to participate in this conference on the utilization of support personnel. For me, it is another opportunity to continue my experience in learning more about rehabilitation aides. My previous experience has been acquired through our extensive use of rehabilitation aides in many of our programs in California and through the Institute of Rehabilitation Services (IRS) Study Committee on the Utilization of Support Personnel. As you know, and certainly our IRS study committee learned, the use of rehabilitation aides by state agencies is a relatively new movement. Less than half of the state agencies use rehabilitation aides or their equivalents. Those states, including California, have been pioneers in the utilization of rehabilitation aides and through their pioneering efforts have learned the hard way. They had to learn while doing. Our study committee was very appreciative of the willingness of state agencies to share their experiences, both good and bad, with us. I'm certain that their willingness to do so will help any of us who are contemplating the further use of rehabilitation aides. Now for a plug — I think that our committee did a yeoman's work in capturing all of this valuable information and shared experiences in the IRS training guide titled *Use of Support Personnel in Vocational Rehabilitation.* Special recognition is due Seth Henderson, RSA consultant, the staff person who heads up IRS. Special recognition should also be given to Colorado State College, the college sponsor; and, of course, the study could not have been completed without the contributions made by all of the members of the prime study committee.

In just a few days the professional football clubs will be conducting their annual college football player draft in order to strengthen their future football teams. Now these pros are not going to draft any kind of a football player to fill a specific need. For example, they are not going to draft a big, burly defensive tackle to fill in for a sorely needed quarterback who needs to be agile and in complete control of the team's offensive effort. Before professional football clubs make their draft choices, they have already determined whether they are going to concentrate on a wide-open

game or on a defensive-type game. They know whether they want a lot of beef or a lot of speed. They know what kind of a football player they want and, above all, they know the role that they want their drafted college star to play. In other words, I'm trying to emphasize two things:

1. All football players are not alike. There are centers, guards, tackles, and backfield men. There are offensive teams and defensive teams, etc.

2. The professional football club has already established the criteria for their selections before they commence drafting college football players to fill certain roles.

By the same token we know that rehabilitation aides are not alike. There is a wide spectrum of types of rehabilitation aides ranging all the way from one extreme as a counselor's assistant taking detailed instruction and direction from the counselor to the other extreme where the aide is the client's advocate pressing the counselor to give primary consideration and immediate attention to his client's expressed needs. Indications from several states using rehabilitation aides are that aides can function satisfactorily in many different settings and many different roles.

Just like the professional football clubs need to make some prior decisions before starting the college football player draft, the state agency needs to examine its motives, its needs, and its goals before implementing a rehabilitation aide program. The state agency should ask itself certain questions such as: How would the use of rehabilitation aides help in the rehabilitation of clients? Why do we want rehabilitation aides in our program? Is it to reach more of the hard-core, difficult-to-rehabilitate, time-consuming cases? Is it to expedite the vocational rehabilitation process so that more of the kinds of clients now being rehabilitated can be reached? The goal of the vocational rehabilitation legislation is to serve all vocationally handicapped disabled individuals by 1975. Yet we all know that in our traditional method of operating we do not have the time and staff to serve all those who could be rehabilitated with our present resources. And we know that in most instances we are not able to reach the so-called "hard-core" with our present services and staffing patterns. The state agencies' answers to those questions will help it to formulate the type of rehabilitation aide program that is wanted and the role and function that the aide will fill. Then, of course, the state agency will be able to measure the effectiveness of the aide program. If the purpose is to expedite the vocational

rehabilitation process, eliminate some of the counselors' routine duties, and reach more of the same kind of clients now being served, more rehabilitations per counselor should be the result. On the other hand, if the purpose of the aide program is to reach more of the "hard-core" cases, then more rehabilitations per counselor would not necessarily result. Very briefly let's take a quick look at the different roles that rehabilitation aides play in a few of the programs that are underway.

In one very large state, each rehabilitation counselor served an area of approximately 25,000 square miles. Obviously, a counselor could not personally visit each community oftener than every three or four months. It is easy to see how the vocational rehabilitation process was slowed down. No doubt it even went backwards at times. The State Agency director initiated a rehabilitation aide program by using resident housewives in several communities throughout the state. They were hired on a part-time basis. Their role was to explain the function of the agency to an applicant, accept applications, communicate with the counselor on each case and follow through on the counselor's directions. By the time the counselor's itinerary brought him to that community, the preliminary information gathering was all completed and definitive planning could take place immediately.

Like other state agencies, we in California were not having much success in vocationally rehabilitating the "wet" alcoholics. We gained permission to enter into a cooperative agreement with the California Department of Public Health. This cooperative agreement involved us early in the medical treatment of the alcoholic. In fact, we entered the picture so early that some clients were still having delirium tremens at the time of our first contact. From the beginning we used indigenous rehabilitation aides, i.e., indigenous in the sense that we used ex-alcoholics. Initially they were used mostly in group counseling sessions. Inevitably, medical treatment was the first service offered. We started off with the traditional approach where the counselor did the initial interview. Our success was limited primarily because the alcoholic client was suspicious of the middle-class standards and the aura of the counselor. We have met with much more success since we changed our procedure. The client's first contact with us is through our rehabilitation aide. The role of the rehabilitation aide is to gain the confidence of the client, to impress upon him the need to accept and continue medication, and to take further positive steps towards his vocational rehabilitation. When it is determined that the client is ready to participate

further in vocational planning, the aide refers him to a counselor. Because the aide is recognized by the client as an alcoholic who has traveled the same path as he has traveled, the client has confidence in him and in our department. This is the link that makes it possible for him to follow through on a vocational rehabilitation plan.

In another state, counselors personally administered psychological tests to their clients. The director decided to use graduate students in psychology to administer these tests thus relieving his counselors of these duties. In effect, this gives the counselors more time to accept and serve more clients. The end result is more rehabilitations per counselor. In another state, the role of the rehabilitation aide is to perform the intake function in that state agency. The end result is similar to the previous example.

One more example from California. Although our services are decentralized to the extent that we have offices in about 100 locations and provide itinerant services throughout the state, we were not satisfied with the number of applications that we were receiving from the impoverished, socially and culturally disadvantaged population. We established a rehabilitation aide program employing indigenous aides from those very areas that we were trying to reach. The role of those aides is, in the vernacular, to tell it like it is along a two-way communication channel. They function by explaining to the client, in words that he can understand, the agency's purpose, the rules of eligibility, the demands of society, and the services that the agency can provide. In addition they make certain that the counselor fully understands the problems of the client, the client's frame of reference, his value system and the motivational forces underlying his behavior and his responses.

I could cite many more examples but in the interest of time, I prefer referring you once again to the training guide, *Use of Support Personnel in Vocational Rehabilitation* for more information.

In conclusion, I would like to stress the need, before the initiation of an aide program, for the administration of a state agency to decide what kind of a rehabilitation aide program is wanted, to define the role and duties of the aide, to train the aides in their duties, and to train the other staff members in their relationship to the aides.

SELECTION, TRAINING, AND UTILIZATION OF NONPROFESSIONAL PERSONNEL IN REHABILITATION COUNSELING: THE TRAINED PRACTICAL COUNSELOR

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In considering the use of support personnel in rehabilitation counseling, we must first ask ourselves what a "professional" is, and how he got to be that way. First, we must note that a large number of state agency directors, counselor supervisors, and many of the most creative and vigorous leaders in the national rehabilitation program have not received master's or doctoral degrees in rehabilitation. In fact, the majority of these have not had a single university graduate course in rehabilitation. Substantial numbers have bachelor's degrees in education or related areas. I suppose, then, by many of the definitions used in this conference, these leaders of the field should be called "supportive" or "nonprofessional" personnel.

Whatever shall we do with them?

From much of the recommendations and discussion at this conference, it is already clear that they cannot be trusted in any decision-making role. Perhaps they could schedule clients for the intake process, obtain basic information from clients to give to the professional counselor, prepare and collate data on the client, fill out agency forms, make routine notes and "perform other services of the agency delegated by the counselor as they demonstrate the necessary knowledge, ability, and skill." With adequate training undoubtedly they can be used in filling out forms and other such simplified tasks. Let us not despair! I have learned at this conference that with the growth and development of our university counselor-education programs, we shall shortly have enough *real* professional rehabilitation counselors to supervise them!

Joking aside, and this is the kind of joking that has a very definite point, the field of rehabilitation counseling is not unique in its aspirations for professionalism and at the same time its concern for the provision of services and for its program effectiveness. Indeed many outstanding leaders in other fields had no formal university training in their chosen area. Thus, Slavson, the father of

American group psychotherapy, has a Bachelor's degree in music and is currently President Emeritus of the American Group Psychotherapy Association — although he would have to spend many years obtaining a doctorate and more years of postdoctoral training and experience in order to meet the minimum qualifications for membership of that association.

The undeniable fact that competence and performance are not *necessarily* associated with university degrees prompts us to ask the more difficult question: How did we become "professional"? I did it by the "divine right" of a university doctoral degree. What, among the four years of college and five years of postgraduate training, actually prepared me to be of help to others as a professional? I know, almost with certainty, that it was not the courses and seminars in chemistry, statistics, physiology, or even the courses in the psychology of human and animal learning — I sort of knew ahead of time that praise and punishment altered behavior (my father instructed me in this early in life). Most counselor educators, and indeed most educators in clinical and counseling psychology, as well as psychiatry and social work, point to the practicum and internship experiences as the single most important aspect of the educational process. With this I would strongly agree. What skills I have in counseling were mainly acquired and sharpened in practicum and internship contacts with real clients. As an educator, it is apparent to me that my students learn most from similar experiences rather than from even my best lectures. Note, however, that we university educators never refer to it as O.J.T.

Since in substantive courses, such as courses on counseling theory, we unfortunately often teach different, and even contradictory or opposing theories, it is not unreasonable that O.J.T. (on-the-job training) is one of the main (if not *the* main) ingredients in professional rehabilitation counselor training.

In summary, it can be argued that the "professional," the holder of a master's or doctoral degree has two main advantages beyond his increased respectability when he is functioning as a counselor actually seeing clients: (1) he has been *selected* or screened for general aptitude and hopefully, specific interpersonal skills as well as moral character; and (2) he has had *intentionally structured O.J.T.*

I believe that we can provide these two essential ingredients — selection and intentionally structured O.J.T. — to people who are without university degrees and even without high school diplomas. Moreover, I believe that if we use the best of our current knowledge

in selecting them and in structuring their O.J.T. we will wind up with a person who, under supervision, *can excel* in the role of a rehabilitation counselor. I favor calling such a person a "Trained Practical Counselor."

Indeed, since there are more such people in society willing to enter such O.J.T. than there are people eligible to enter graduate study who also want to work in rehabilitation, it is a virtual certainty that we can do a much better job of selection for Trained Practical Counselors than we can for professional rehabilitation counselors. Moreover, we can probably also do a better job of weeding out those who do not excel during training and during a post-training probationary period. Finally, considering the relatively small investment in training and selection because of the fact that they are not "professional," it would also seem likely that we could more easily weed out even older Trained Practical Counselors who have soured in their job and have become ineffective or damaging rather than helpful to their all too human clients. This latter point is no minor consideration since we are all quite aware of the difficulties involved in the later weeding-out of ineffective professionals. Having been myself sanctified with a university doctorate, I can look forward to obtaining employment as a professional (unless the bottom should fall out of the psychology market) regardless of how ineffectual I should become. It might be more in my self-interest and clearly more in the public interest if this were not the case. It resembles too closely the negative features of welfarism.

Given the above viewpoint and the central reality that, for better or for worse, the use of "nonprofessional personnel" is and will be a growing part of rehabilitation programs throughout the nation, I would like now to briefly describe our own approach to selection, training and utilization. This approach is based upon a growing body of research knowledge and continual experience in application both in Arkansas and in other regions of the country that have been collaborating with the Arkansas Rehabilitation Research and Training Center.

Selection

We are currently using a selection procedure both for professional counselors and nonprofessional Trained Practical Counselors that is threefold. First, the candidate must meet existing qualifications for employment by the agency or facility. Primarily, these have been judgments, by persons responsible for employment, of the candidates' general abilities, dependability, sense of responsi-

bility, ethics, appearance, and other such usual considerations that are applicable to any employee so as to minimally insure that he will be able to function within the setting in which he is employed. These will vary from setting to setting so that somewhat different standards would be used for the employment of a so-called "indigenous" (a terrible word) person in a ghetto setting than in a large rehabilitation center. The second aspect of selection has involved drawing upon past research data[1] to the summary of research studies published since 1963 showing personality correlates of such interpersonal scales as Accurate Empathy. We have been using the MMPI (Minnesota Multiphasic Personality Inventory) and the EPPS (Edwards Personal Preference Schedule) as selection devices. Specifically, we have looked for candidates who on the MMPI (using k-converted raw scores) scored less than twenty-seven on Pt, less than twenty on D, less than thirty on Mf, less than twenty-one on Si, less than thirty on the Welch Anxiety Index from the MMPI, and less than 0.92 on the Welch Generalization Ratio, while we have looked for candidates whose scores are higher than 19 on Ma and higher than 142 on the Constructive Personality Change Index of the MMPI. In using the Edwards Personal Preference Schedule for selection we have looked for candidates who scored less than 10 on N Deference, less than 8 on N Order, less than 21 on N Intraception, less than 7 on N Abasement, less than 11 on N Consistency, and also scored higher than 14 on N Dominance, higher than 17 on N Change and higher than 14 on N Autonomy. In an interpretive sense the research evidence suggests that we will get candidates with more natural therapeutic skill or interpersonal skill if we look for people low in anxiety, depression, introversion, who are at the same time themselves striving, strong, dominating, active, and autonomous individuals. As one can tell from looking over the selection scores, we are looking for stable, high ego strength, "nice guys," but who are strong rather than passive.

At the final and most critical stage of selection those candidates who have passed the first two aspects of selection are asked to do one or more group interviews (or group counseling, if you prefer the term) with prospective actual real clients. They are told that their task is to get to know these particular clients, their feelings, their problems, their strengths and their weaknesses. With these instructions they are placed in the role of a group leader and asked to conduct a session that is tape recorded. So far, we have simply tried to present the candidate with a more or less randomly selected group of the kinds of clients with whom we would expect him to

work. The tape recordings themselves, as they reflect his adequacy in interpersonal skills, constitute the critical selection factor. These tapes are rated on accurate empathy, nonpossessive warmth, and genuineness of the candidate in interacting with real clients, and the degree of self-exploration that he is able to elicit from the group. (These scales and procedures are listed in the book *Toward Effective Counseling and Psychotherapy,* Truax and Carkhuff, 1967, and are also available on request from the Arkansas Rehabilitation Research and Training Center).

More specifically, candidates to become Trained Practical Counselors, or Counselor Aides, or for employment as professional Counselors were selected who averaged 4.0 or above on the nonpossessive warmth scale, 4.0 or above on the genuineness scale and 5.0 or above on the accurate empathy scale. In other words, we went about selecting people who were unusually naturally highly skilled in interpersonal relations and who could provide adequate levels of therapeutic conditions. It is of considerable interest to note that post-internship and post-practicum students in Clinical Psychology and Counseling Psychology have been reported to score an average of 2.50 on the accurate empathy scale. In fact, it has been my experience over the past nine years, that only a small percentage of professional counselors and psychotherapists achieve average scores of 5.0 or above. To give some indication of the degree of selection, in filling seven counselor aide positions (to become Trained Practical Counselors) out of 34 individuals with reasonably adequate work histories, only seven were able to achieve these higher levels of interpersonal skills and were accepted. It is probable that in some areas, even more rigid selection procedures along these lines would be possible, where the potential pool of candidates is quite large and the salaries normally available to such individuals does not compare favorably with the salaries offered for the counselor aide position. Where such a potentially large pool exists, it might be useful and economic to select out people on the basis of relationship questionnaires filled out on candidates by clients after relatively brief interactions. The relationship questionnaire (also available from the ARR&TC) is a rough and cheap paper and pencil test measuring such interpersonal skills as accurate empathy.

In our own continuing effort at selection, we are beginning to incorporate recent research findings which show that such additional counselor characteristics as his degree of persuasive potency and his type and extent of constructive confrontations with the clients are also separate and significant to client benefit.

After selecting on this basis, we have candidates, who according to available research evidence, are "inherently helpful" people — the kind of people whose neighbors and friends seek them out in time of need and distress, the kind of person who we all might wish were the only kind of person to enter graduate training in Rehabilitation Counseling. The question now becomes: What can we do to make him more helpful and how, particularly if he is a nonprofessional, can we best utilize his abilities?

Training of Nonprofessional Counselors

The basis of training, indeed the basis of the phenomena of learning itself, is structured *feedback.* Feedback of his own behavior and its consequences on the agency, the rehabilitation personnel, and most centrally upon the client himself, is the central aspect of training and indeed of ongoing quality control throughout the tenure of his employment. If he gets this kind of feedback he will continue to learn positively how to be more effective. Perhaps the most glaring deficit of current professionalism in the helping relationships is that professional rehabilitation counselors, clinical psychologists, psychiatrists, social workers and others rarely, if ever, are given any systematic feedback of their effects on clients. As I have said before, it is the general case that the highest professional in the helping relationships can conclude all of his training at a university and even receive a doctorate, can be employed, promoted, pass licensing examinations where they exist, and become a Diplomate of a Board of Examiners in his Profession (where they exist) without anyone, at any point attempting to systematically evaluate the effects he has on his human clients. While we may, but should not, be willing to accept this quite glaring deficit in the trained professional, we cannot tolerate it and should not tolerate it in the nonprofessional.

In the normal process of on-the-job training the newly employed nonprofessional will receive very specific and concrete feedback about his performance in filling out forms, adhering to agency regulations and requirements and his ability to follow standard operating procedures. He will also normally obtain quite specific feedback during O.J.T. of any negative impact he has on other employees of the agency or facility. This is standard and predictable for any kind of employment in any kind of setting.

To insure that he will be able to provide maximum benefit for clients, however, he must also get relatively specific and systematic feedback in terms of: (1) the level of interpersonal skills with

which he relates to clients; and (2) the average level of client benefits obtained by his clients in comparison with the clients seen by other professional or nonprofessional counselors.

The Arkansas Rehabilitation Research and Training Center has instituted short-term training programs for the purpose of training personnel to provide higher levels of interpersonal skills or therapeutic conditions in interaction with clients, and the essence has already been delineated.[2] Beyond this, however, recent research by Martin[3] has demonstrated that trainees in professional counseling do in fact show gains in accurate empathy, nonpossessive warmth and genuineness, even by specific feedback from self-evaluations. Thus, it seems reasonable, and we are currently pursuing this in research, that relatively high levels of counseling skill can be maintained and enhanced by simply having groups of trained practical counselors, or professional counselors, periodically tape record their own contact with clients and, in group meetings, obtain feedback from group ratings of their ability to provide high levels of therapeutic conditions or interpersonal skills (such as empathy).

Even more importantly, feedback from measurement of client benefits is central to maintaining and enhancing the effective qualities of counseling services. While no single criterion exists, or probably ever will exist, for the measurement of client benefits, it is the clear and immediate responsibility of every agency or every facility or every unit providing services, to at least minimally state its goals for client benefits and then at least grossly measure these benefits per client and provide *feedback* of the averages of such benefits per professional counselor or per nonprofessional counselor. This immediately provides the unit that gives services to clients with *quality control,* and provides individual feedback to counselors on the basis of which they can more adequately judge what they should and should not be doing and what does and what does not lead to successful rehabilitation.

As many of you know, the Arkansas Research Rehabilitation and Training Center has offered to provide each state agency with feedback as to its overall standing in comparison to other agencies, and individual means per counselor for feedback to counselors and supervisors, based on R-300s. This means that we can provide the feedback on such crude but meaningful measures as rate of rehabilitations, cost factors, and increase in earnings for clients. Such data is admittedly crude and gross, but it is clearly a far cry from *no* feedback. Undoubtedly individual agencies, facilities or service units

will set up their own tailor-made criteria and measures of client benefits.

The Utilization of Trained Practical Counselors

It hardly needs repeating that quarterly or periodic feedback of client benefits should continue throughout the professional or nonprofessional counselor's tenure of employment. I am repeating it only because it is so central and vital that if it is ignored all parties, including the Counselor or Trained Practical Counselor, the agency, and the client will suffer. In our long-term research of the effective utilization of support personnel at the Hot Springs Rehabilitation Center, the evidence suggested that even untrained nonprofessionals with no special selection procedure, beyond the judgment of counseling personnel on the staff, could be as effective or more effective when cast in the role of counselor, than existing master's degree level professional counselors. That same study also provided evidence that such counselor aides had the greatest benefit to clients (in terms of a number of measures of vocational rehabilitation progress) when they were supervised informally on a one-to-one basis with professional counselors and yet handled entirely their own caseload. Moreover, the research indicated that when counselor aides were used as assistants to the professional counselor serving his own caseload, then the poorest client benefits occurred. In fact, there was some evidence to suggest negative or deteriorative effects of a counselor and counselor aide working together on a single caseload. It seemed that too many cooks did indeed spoil the broth. It should also be noted that under this informal one-to-one supervision no role conflicts occurred between the professional counselor and the nonprofessional. The professional counselor, since he was a supervisor, wanted the nonprofessional with whom he was working to succeed — and if possible, be more successful than other nonprofessionals who were supervised by other professionals.

While that particular study is of considerable interest and perhaps has implications for many settings, it should be stressed that it was carried out over a period of several years in a large and reasonably stable comprehensive rehabilitation center. The Arkansas Rehabilitation Service, however, has authorized a number of positions for counselor aides in its field offices and other facilities. Judging from the experience of other agencies and institutions in rehabilitation and allied fields, we might expect that the Trained Practical Counselor can do an effective job as a Rehabilitation Counselor in any setting where there are professional Counselors avail-

able for supervision and where, in their day-to-day contacts, the nonprofessional will have easy and informal access to the professional counselor for advice and guidance in handling individual clients.

It can be strongly argued that the Trained Practical Counselor can effectively provide rehabilitation counseling services to clients in almost any area currently being served by professional counselors, with the additional possibility of being able to communicate more effectively and empathically with certain special groups of clients where the middle-class professional counselor has had the greatest difficulty in performing.

The continuing feedback of both process and outcomes of rehabilitation counseling and the need for close but informal supervision should be stressed. The latter is necessary to protect clients from the possibility and even probability that they might be exploited by nonprofessional counselors. One of the greatest advantages of the professional over the nonprofessional is that he has been more thoroughly screened over a period of years so as to exclude those individuals who are tempted to exploit their clients for their own personal gains. Regardless of how much we may talk about the client rights, it is a central and inescapable fact of the helping relationships that the system defines and really makes the client more or less dependent upon the good judgment and good intentions of the counselor — whether he is professional or nonprofessional. While the helping professions that have been established over the years have set high ethical standards for their members and have during the training years attempted to select out those who might be prone to exploit clients, we must recognize that each year a small percentage of fully professional helping personnel are expelled from professional membership for unethical conduct. Periodic feedback of the process and outcomes of rehabilitation counseling, and day-to-day informal supervision are vitally necessary to insure that the nonprofessionals who have been recruited will provide services in a non-exploitative, ethical, and responsible manner.

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ROLE OF THE INDIGENOUS AIDE IN THE REHABILITATION PROCESS

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It took Michigan a full year after the Detroit riots to win both a baseball pennant and to install a new kind of rehabilitation team into the core of the inner-city.

Let me tell you about our first squadron of rehabilitation aides. They are residents of one of the most violent, crime-ridden, festering sores in Detroit's Harlem:

> Chuck and Don have had a minimum amount of police friction; but they "rap" with their community. They know the local dives, sporting houses, floating crap games, fixers, and pimps. They know, too, who is the leadership and how "black power" can operate. While no one is really safe in the community, they are as safe as any, and more so than some.
>
> Nat came to us as a third member of the team from the same community. He has had a little more "visibility" with the Detroit police; also, he is an alumnus of the Georgia chain gang.
>
> Frank spent eight years in prison for bank robbery before returning to the inner-city four years ago. Except for certain kinds of harassment from the prowl cars, he has not been booked for some time and seems to have been "flying clean" at the time he joined us not too long ago.

Now, if we are going to try to understand something about the role capacity of these aides — and do a better job than we are doing so far — let's attempt to penetrate just a little further into what it really means to be a native of the inner-city. Let me go into detail about just one of our aides.

> Frank works out of our Downtown office, right in the center of the tenderloin. A few blocks away is a large medical complex. We asked Frank to clear on some medicals over there at the hospital. While he was standing on the curb at 2:30 p.m. on a Thursday less than a month ago, a prowl car came by and ordered him in. Being picked up "on suspicion" is an old thing with Frank. The officers in the prowl car interrogated him about a

local bank robbery that had just been committed — indicated that he probably was involved — and if he wasn't, he undoubtedly knew who the suspects might be. He protested; tried to show his employment ID card; begged them to phone his employer. No luck. He was then taken to a police cell. He begged to make one phone call to his wife, or to his employer, or to an attorney. No luck. He asked to be booked. No luck.

Interrogation continued in an effort to make him confess. No luck.

Then he was dragged into a cell and they bounced his head against the concrete wall several times. Finally, he was struck in the neck with a blackjack and knocked unconscious.

The next day, he was taken to the downtown station and put in a detention cell — incommunicado — until Saturday when they then drove him out to a suburb and released him with no carfare.

By this time, the wounds in his head were festering. At no time was he booked by the police as an official suspect. By Saturday, his wife was hysterical about his absence; our own supervisor, of course, could not advise the wife where Frank was.

By the following Thursday — after securing medical care — he was able to return to work. I was then able to interview him. The net result was that Frank wants relief from persecution by the police department *but he doesn't want any officer punished.* He is genuinely afraid that if a policeman suffers for this, he in turn will suffer an "accident" on the street in the very near future.

Now, what's the purpose of this little sketch in terms of our business of the day? Just this . . . you and I, from the vast middle-class establishment, might view what happened to Frank as something "horrible" or repugnant. Some of us might tend to shrink from it. Others of us might want to do something about it. But, in any event, this type of thing is not what happens to *us,* or to the family next door, or to the various young and old down the street. No, not in our neighborhoods. But, it's not so bizarre in the inner-city. And this is one reason why we can't be "soul brothers" with them — because to be a "soul brother" one has to have both the ability to really communicate or "rap," and at the same time to be soaked through with a common set of life experiences, including the special miseries as well as the special joys.

Now, applying all of this to the four inner-city aides that we have employed in Detroit, let me present a few observations:

A. The "Rapport" Area

1. Frank and Nat and Chuck and Don are unique individuals with a unique rapport to natives of the inner-city. Already we are misusing their main skill.

2. Their first complaint is that they are used primarily on errand-boy functions rather than initial counseling, job development, and job placement functions. They do not assert that they can replace the professional counselor, but they do assert that they can be involved in all the counseling transactions all along the way and should be.

3. If the VR agencies are employing aides to plug the communications gap, then remember that communication involves *identification.* If the agency wants to effectively serve an inner-city client, then that client should be conditioned to visualize the image of Frank, or Nat, or Chuck, or Don whenever a problem arises — rather than to think of "Mr. X," the well-meaning but hopelessly middle-class professional counselor.

4. Translated: when Mr. X's client pays a call to the office, the receptionist first calls *"Frank"* to greet the client — and it is always "Frank" with whom that client associates.

B. The Cluster of Emergent Needs

Inner-city clients do not have *singular* needs, like just needing a hearing aid, or just needing a job, etc. They have a cluster of needs — all emergent — and traditional rehabilitation cannot leisurely unfold its offerings against a clamor of urgency.

The rehabilitation aide and the counselor together cannot solve cluster needs without having either a prodigiously well-oiled array of supporting community agencies who can give *instant* service; or by having a congressional rearmament of the existing fire power of the counselor. Let me dwell on this latter — not because it is likely to come into existence, but rather because it has some rather daring and spectacular possibilities. Let us suppose that under the purview of a real war on poverty, all services vested within the whole array of the Department of Health, Education, and Welfare — insofar as they could be arranged or purchased via a rehabilitation counselor — could be so provided for a period of 90 days, after which the tradi-

tional jurisdictions could have time to take over their traditional responsibilities. This would make instantly possible total family maintenance, total health care needs, the settling of personal debts (including gambling obligations, etc.) and in general a wipe out of all emergent hang ups. Costly — yes — but what a smash at the motivational lethargy that presently immobilizes the inner-city client who carries a ton of misery on his back.

C. Cluster Servicing

Nowhere in the front line trenches of the poverty war is it so possible to handle clusters of clients with clusters of services — *simultaneously* — and in which the rehabilitation aide can play the principal role. As Frank and Don and Chuck and Nat told me, in spite of the individual differences that separate man from man, the immense problems of inner-city survival are so similar to each individual's lot that his sack of major burdens are remarkably similar to the major burdens of his fellow resident.

We aspire to have our rehabilitation aides cluster referrals from a single neighborhood block, preferably in groups of five. In the earlier processes, our aide will gather them in a pool car for transfer to group counseling, group medical examinations, or group placement in, say, a specific sheltered workshop. Ultimately, employer orders will be grouped in blocks of five in a given plant area, and our cluster will be transported from the home neighborhood to the job scene. The group identity will be preserved throughout the day, beginning with the morning pick up, and the return at night. The rehabilitation aide can drop out of the picture at such later time as a group "buddy" system has been developed and a pattern of shared responsibility for group transportation, or a method of carrying on, has been worked out.

The cluster process, as described above, is our newest concept, and we are just in the throes of implementation. However, what we are saying of some significance is that we are setting *the size of the caseload at only five* for the rehabilitation aide. He will carry this cluster of five from referral to completion, and then will start with the next cluster as a new caseload of five. This contrasts totally to our traditional rehabilitation caseload of some 100 to possibly 200, or more.

Let me summarize these themes into applications:

1. The rehabilitation aide is not to be used as a pullman porter who does odd jobs for a client but rather should be the principal com-

municant. He should be the communicant at referral, and a communicating participant throughout.

2. While it is most reasonable for his work to be reviewed, guided, and supervised by a counselor, he is still the one person most uniquely qualified to transact rehabilitation processes with the inner-city client. Even in a job development situation, where typically the foreman or personnel officer will be found talking to the *professional* counselor, it is instinctive for the rehabilitation aide to make eye contact with, say, the black worker on the adjacent job setup, and to get from that person the real pitch about the job, the real problems, and the real needs with which the real client will be faced.

3. In cluster counseling, the aide will not sit in a district office with professional counselors and await the venturesome inner-city native to drop in. Rather, as a kind of block captain, he will gather in an initial cluster of five friends or acquaintances from a single block or neighborhood and he will work on this group throughout the entire rehabilitation process until they are placed. Then he will gather five more and repeat the sequence. If he runs out of friends or acquaintances with whom he can really relate, he will by that time have lost his inner-city identity and should then move into a regular counseling role. At the same moment, his replacement from the inner-city should be in the process of joining the agency to take up a new stand, and maintain a rich flow of business — the most difficult business in the world — but also the most overdue.

UTILIZATION OF SUPPORT PERSONNEL: A PROGRESS REPORT ON GROUP DELIBERATIONS

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The memorandum which announced this conference included the following paragraph:

> The theme of this Conference is "Utilization of Support Personnel in Rehabilitation Counseling" and the object is to develop a set of guidelines in answer to the question: Given the present state of knowledge and social conditions, how may support personnel be used optimally to further the rehabilitation process? The focal concerns are with the identification of functions appropriate for primarily nonprofessional support personnel, training, and supervisory requirements. Related concerns include personnel classification problems, staff development, and the counselor's role as part of a rehabilitation team.

After a day of work, it is appropriate to ask, "How are we doing? Are we on target? Are our deliberations consistent with the charge given us?" The reports from the various groups indicate that we are doing well. We are on target. Our deliberations are congruent with the charge. With varying degrees of intensity and frustration, we are analyzing, synthesizing and evaluating the remarks of the speakers and the thoughts generated by our deliberations. In reviewing the group reports, the questions being asked stand out. Urgency to secure closure to the questions, however, has not occurred. Movement toward closure will probably emerge today and tomorrow. Now, let us look at what we have been doing.

General Considerations

In our discussions, we have been asking some old, basic questions: What are the goals of rehabilitation? What people do we serve? How and when do we serve them? Who serves them? What training do service personnel need? Who should provide training for the service personnel? In discussing these questions, we realize that the concern for reducing the handicapping effects of cultural disadvantages may be changing the role and/or emphasis of state

vocational rehabilitation agencies. We also realize that rehabilitation technology, e.g., computers, will play an important part in our future patterns of delivering services. In fact, rehabilitation technology will probably do much to solve existing problems currently associated with manpower shortages. We further realize that support personnel have existed for a long time, have a good service record in related areas, and are functioning effectively in some rehabilitation programs. Moreover, we realize that variability in agency needs and resources, as well as in support personnel competencies, requires careful qualification, either now or later, of any definitive statements that we might make.

Definition of Support Personnel

We have been asking, "Who are support personnel?" In seeking answers to this question, we have examined the definition given in the IRS report. Some of us, however, have asked if this definition is too general.

In our discussions, we have defined support personnel, for the most part, in terms of two broad categories of employment: (1) persons employed because they possess some unique attribute and capacity for performing unique functions which present staff are unable to perform with continuing effectiveness (e.g., establishing lines of communication with target populations such as ex-offenders, ex-alcoholics, black leaders, and so on) and (2) persons employed to compensate for the shortage of trained counselors.

The support personnel referred to in the second category generally do the work of trained counselors; however, they receive a good deal of supervision because they lack the academic and experiential credentials of trained counselors. With increasing frequency, these workers have college degrees and receive on-the-job training and educational experiences in special cooperative programs conducted by universities.

We note that support personnel are referred to in numerous ways. Among the referents are indigenous workers, nonprofessional workers, subprofessional workers, rehabilitation aides, and rehabilitation technicians. Job titles and referents are certainly important. We realize that if we title and/or define support personnel as subprofessional persons, we may secure only subprofessional outcomes. We also note that support personnel constitute a heterogenous group. Support personnel, for example, vary along an educational con-

tinuum. The reports suggest that the continuum extends from the eighth grade level through college, including graduate education.

With respect to sex, support personnel are more frequently females than males. The number of housewives being employed is impressive. From the standpoint of disability group affiliation, we also note some variance. In some instances, support personnel are rehabilitants of particular groups, e.g., alcoholics, narcotics, addicts, offenders, and minority group members. In other instances, they have no disabling conditions. We also note some variance along the full-time and part-time employment continuum. In general, we accept the IRS definition of support personnel, and, to a large extent, we feel that the work being done by support personnel should be clearly designated in the job titles.

Need for Support Personnel

We realize that we must serve more clients. We also realize that clients must be served more effectively. Moreover, we realize that the time gaps now associated with the provision of services must be reduced. In order to provide more effective services to more people, resources — financial, administrative, personnel, etc. — are needed. How do we secure more personnel? Is the employment of support personnel the answer? Some of us say that more counselors are needed, can be recruited, and can be trained if the needed economic resources are made available. The success of some of the work-study programs has been offered as evidence for this assertion.

On the other hand, some of us say that a sufficient number of rehabilitation counselors cannot be obtained; therefore, support personnel are urgently needed. And some of us argue that what we really need is a reorganization of services in terms of client needs rather than administrative conveniences. The suggested reorganization would incorporate more viable human relations practices, lead to better utilization of existing personnel and provide for better utilization of new personnel.

A few of us have also been arguing that if we are going to provide more effective services to more people, we should be more concerned about the effective utilization of existing rehabilitation technology, and we should manifest more interest in the development of new technology. Those of us who take the position that support personnel are needed indicate that effective utilization of support personnel increases the effective utilization of counselor time.

In seeking to justify the need for support personnel, we are engaged in serious deliberations about the meaning of the rehabilitation process, the constructs defining the rehabilitation counselor's role in serving disabled populations, the size and economic resources of our agencies, the availability of trained rehabilitation counselors, the turnover of trained counselors in the agencies and the continuing need (long-term, career justification) for support personnel. With respect to this last concern, we are asking if the support personnel concept would be valid in the absence of a manpower shortage. And we are asking about the stability of the current need being expressed for the employment of support personnel.

Responsibilities of Support Personnel

Support personnel are involved in all phases of the rehabilitation process. They are engaged in case finding, in initial interviewing, in acquiring vocational and medical diagnostic data, in helping clients to plan goals and to utilize resources to attain these goals, in placing clients into suitable employment and in providing follow-up services to clients who have been placed in employment. In addition, support personnel are involved in writing reports and in representing agencies at community and inter-agency meetings. The most frequently mentioned responsibilities of support personnel, however, seem to be in the outreach area as casefinders, interpreters, and transporters, and in the area of service-finding as referral facilitators or expeditors, advocates and negotiators. Responsibilities vary in terms of the backgrounds of the support personnel, in terms of the orientations of those who provide supervision and in terms of administrative and other factors. Assigned responsibilities are carried out in various settings. Support personnel are based in general offices as well as special project settings.

Some support personnel carry caseloads. This is particularly true of support personnel who are viewed as junior counselors. One of our colleagues, for example, reported that some of the support personnel is his state have as many as 150 clients in their caseloads. Some support personnel have special responsibilities; others function pretty much as generalists.

Recruitment, Selection, and Placement of Support Personnel

In considering the recruitment, selection, and placement of support personnel, we realize that the administrative setting and the climate within the agency influence these processes.

Recruitment

Sources of support personnel vary. Sources include colleges, social and rehabilitation agencies and employment offices. Sources also include state vocational rehabilitation agencies. In addition, sources include significant community groups, like self-help groups, concerned with the provision of rehabilitation services.

In discussing the recruitment of support personnel from state vocational rehabilitation agency caseloads, we have been exploring some significant questions. We have asked, for example, how the employment of support personnel from the caseloads affects their rehabilitation. We have also asked how the elevation of clients to staff positions affects existing staff relationships.

Selection and Placement

Although selection criteria are not rigorously defined, some guidelines are operant. For example, the requirement that support personnel be able to relate to others and have an interest in helping others seems to be a general selection factor. Specific job demands, of course, are considered in selecting support personnel, but the variance associated with these demands is great. We seem to feel that the selection process should involve the participation of personnel to whom support personnel will be responsible. Some of us also feel that actual job tryouts (i.e., work evaluation) have a significant place in the selection and placement of support personnel. It has been suggested that careful observation of potential workers in a variety of tasks might best indicate the jobs on which they should be placed.

Where support personnel are employed to bridge the communication gap resulting from cultural differences, it has been suggested that community personnel, particularly significant persons from the particular subculture, should play a role in the selection process. We have also been discussing the importance of orienting personnel and classification boards to the needs for and to the responsibilities which will be assumed by support personnel.

Training of Support Personnel

We certainly feel that the training of support personnel is important, and we recognize that both in-service training as well as training in cooperation with universities can do much to facilitate the development of needed skills in support personnel. With respect

to in-service training, we have discussed the need for incorporating the following topics into a training program:

1. Structure, process, and philosophy of the agency;
2. Community structure, including agencies available in the community, ecology, and power structure;
3. Relationships with other disciplines and how these relationships affect continuing relationships with client groups, particularly culturally different groups; and
4. Training of support personnel in their roles, including a clear delineation of responsibilities and authority and the role relationship to supervisory personnel.

With respect to cooperative programs with universities, some of us feel that universities can be particularly helpful in conducting training programs which focus on the development of sensitivity and interviewing skills. Some of us also feel that support personnel who possess acceptable academic qualifications should be permitted to obtain academic credit for participation in workshops, institutes, and courses conducted by universities. Some rehabilitation counselor educators have asked, however, if we, in light of all of our responsibilities, can really give the time needed for developing viable training programs for support personnel.

In reviewing existing training arrangements to facilitate the development of support personnel, some of us have been impressed with the methods used by Truax for training counselors and with the small group procedures being used by Cobb at Texas Technological to facilitate the development of self-awareness and interviewing skills.

In addition to our concern for the training of support personnel, we have also expressed concern for training counselors to participate in effective interaction with support personnel, including supervisory interaction. Some of us believe that universities should assume the leadership in helping counselors and counselor trainees acquire the knowledge and skills needed for the effective functioning of counselor-support personnel teams.

Opportunities for Career Development of Support Personnel

The need for providing support personnel with meaningful career development opportunities has received attention. Various types of career ladders have been proposed. One plan affords support per-

sonnel the opportunity to become counselors. Another gives support personnel the opportunity to become highly qualified specialists, e.g., job development specialists. Various mixes of the foregoing have also been proposed. Most of us feel that movement up a career ladder would be in terms of some combination of experience and education. Some of us feel that good in-service training is sufficient for the crossover to the position of counselor.

On the other hand, some of us feel that in-service training and experience should be supplemented by formal educational programs. In line with this position is the belief that universities should make educational opportunities readily accessible to support personnel to facilitate their qualifications for advancement up career ladders. We recognize that the development of viable career opportunities for support personnel is not an easy matter. It is a matter, however, that must be solved. Unless solved, frustrated support personnel will leave the agencies, and their leaving will affect agency effectiveness in delivering services.

Role Relationship of Support Personnel to Rehabilitation Counselors

This area received the greatest amount of deliberation. Throughout the deliberations preoccupation with the role of the rehabilitation counselor in the rehabilitation process and his role relationship with support personnel was evident. Much feeling entered into these deliberations. Separating feeling from ideas, or ordering the various combinations of feeling and ideas in some significant way was not easy. In discussions we learned that support personnel, in varying degrees, are doing everything that trained counselors are doing and, in some instances, are reported to be functioning as well, if not better, than trained counselors. If this is true, then what is the role relationship of the counselor to the support person? Moreover, the IRS definition of support personnel indicates that support personnel are subordinate to counselors. If they are subordinate to counselors and yet as effective as counselors, then what problems are generated in role relationships?

In one of the groups, Muthard reviewed the results of his research which surveyed opinions of counselors concerning the use of support personnel. Briefly, the results indicated that counselors were willing to relinquish partial responsibility for placement, coordination, and information-gathering during intake phases but were adamant about maintaining responsibility for personal counseling and rehabilitation planning. On the other hand, the research of

Truax and Carkhuff was reviewed and particular attention was given to their conclusion that support personnel should be allowed to assume responsibility for clients with only consultation from counselors.

The positions regarding counselor and support personnel responsibilities and role relationships approached polarization in some of the discussions. Moreover, efforts to reduce the polarization by considering the following suggestions were not successful: the suggestion that the duties of the support personnel should be based on a careful assessment of the functions of the counselor; the suggestion that the relationship of support personnel to counselors should be analogous to the relationship of psychiatrists to clinical psychologists and medical doctors to medical technologists; and the suggestion that greater attention should be given to the professional gains made in recent years by rehabilitation counselors.

Associated with the foregoing suggestions was the suggestion that client needs rather than counselor needs should dictate the role of support personnel — in fact, all personnel. Still the question of the relationship of support personnel to counselors exists. Should support personnel be used as junior counselors with supervision from counselors? Should support personnel be used to perform only those tasks which counselors may not be able to do as well, e.g., outreach with the disadvantaged, advocacy for the disadvantaged, etc.?

In looking at the experiences of some of the agencies that employ support personnel, a number of observations were reported. Some of the agency representatives reported that untrained support personnel are often under-equipped for certain functions. Some of the agency representatives also reported that support personnel tend to manifest differential abilities, being effective in some areas and ineffective in others. In addition, it was reported that counselors sometimes err in their judgments about support personnel competencies, tending to ascribe overall effectiveness on the basis of some outstanding traits when, in fact, effectiveness is specialized.

Counselors who use support personnel tend to feel that support personnel are helpful in accomplishing leg work, in establishing appointments and in coordinating services. The counselors, however, tend to shy away from permitting support personnel to make significant judgments about plans for clients. Support personnel, however, tend to want to make judgments about plans for clients. For example, in one state where black junior college students have been used to perform tasks which counselors were willing to give up, the

students wanted to assume responsibility for some of the counseling functions. More specifically, the students preferred to have some responsibility and authority for planning and not simply responsibility for doing what counselors permitted them to do.

It seems clear that support personnel present a wide range of competencies and interests in functioning in various aspects of the rehabilitation process. Some of these competencies and interests are not well received, at least initially, by counselors. Some support personnel are, in fact, viewed as threats. The extent to which threat is experienced and sustained, however, seems to vary. At this point the best appraisal is that support personnel and counselors do work through their problems and, after some experience with support personnel, counselors are usually convinced of the value of support personnel.

The foregoing discussion generated a number of questions. For example, when support personnel and counselors perform the same type of functions, is there a difference in level? To what extent do significant differences exist in the decision making of support personnel and counselors of equal experience in facilitating the movement of clients through the process? What unique services can the counselor provide that the support personnel cannot? In the discussion related to these questions, attempts were made to differentiate between the knowledge and skills of support personnel and counselors. It was suggested, for example, that counselors have a knowledge base and a logic system developed under supervision for exercising judgment on behalf of their clients.

On the other hand, it was suggested that counselors are more deficient than support personnel in knowledge of certain populations and the validity of various resources for working effectively with these populations. Moreover, support personnel are more likely than counselors to be able to reduce the psychological distance between specific client groups and the agency. Support personnel, in terms of this position, therefore, need to be involved in the counseling function. In addition, support personnel, it is argued, can acquire the same kind of knowledge of agency structure and policies that trained counselors possess through experience and in-service training.

Reactions to the foregoing argued that counselors, through carefully supervised experience, are able to secure the kinds of information and competencies imputed to support personnel. Also, it was argued that counselors can communicate effectively with persons who are culturally different; therefore, middlemen (e.g., counselor aides, etc.) are not as necessary as purported.

The discussion took other turns. It was suggested, for example, that support personnel may be more effective in handling dependency relationships than middle-class oriented counselors who devalue such relationships. In response to this, it was suggested that support personnel may be more ineffective in handling dependency relationships because of lack of training in personality dynamics which would hinder them from sensing the handicapping effects of prolonged dependency and from unwittingly reinforcing dependency relationships to the disadvantage of clients.

Another twist in the discussion was the suggestion that counselors rather than support persons would be in supporting roles. Still, what is the role relationship of counselors to support personnel? It was suggested that support personnel are least qualified for evaluative tasks and for decision making, especially when clients have complex problems or needs which are difficult to reconcile. The following hypothesis, for example, was proposed, discussed, and partially accepted:

> The following functions can be performed by nonprofessional personnel: case finding, case receiving (intake), case processing, placement, and follow-up. Those functions which require professional personnel are: administration, supervision, consultation, program development, program evaluation, program research, and community organization.

This hypothesis was particularly challenged in terms of the effectiveness of indigenous and formerly handicapped persons in working with the populations they know from experience.

It was also suggested that counselors function at the management level and support personnel function at the delivery level. This, too, was not accepted by all participants. There was agreement, however, that more personnel, particularly counselors with masters degrees were needed. Most of the participants, also, felt that the masters degree was the acceptable level.

What seemed to be lacking through the discussion was a viable rehabilitation model. The present model seems based more on administrative convenience than on client needs. Yet, in almost every group, an attempt was made to move closer to the client and to consider personnel and programs in terms of client needs. At the same time, there was resistance to this move, based on the feeling that the existing model should be used because it exists and because people are used to it. The question approached but not really con-

sidered was, "What kind of support do clients need?" rather than "What kind of support do counselors need?"

Despite conceptions of desirable role relationships between counselors and support personnel, existing role relationships tend to involve the assignment of support personnel to counselors, with the support personnel doing whatever counselors desire — mainly community contacts and job developments.

Effectiveness of Support Personnel

As we have seen, opinions on the effectiveness of support personnel vary. Representatives from states that have used support personnel argue that support personnel are effective in their roles. Representatives from states that have not used support personnel are understandably uncertain about the effectiveness of support personnel. Persons who have used support personnel claim an increase in both the quality and the quantity of services. Claims are made about facilitating the entry of clients into and through the rehabilitation process. The purported facilitation is attributed to the knowledge support personnel have of community resources and to their skill in communicating with the clients they serve.

From some vantage points, support personnel are more effective than counselors in carrying out job placement functions. Regardless of the vantage point, however, support personnel are generally looked upon as being helpful, as personalizing services and as being able to break language barriers. Granted that success has been experienced with support personnel, some questions still remain. Why the success? Will the success be sustained?

In response to inquiries about reasons for success, the answers are usually cast in terms of the support personnel having special knowledge and skills that make a difference. But in response to inquiries about sustained success, some interesting observations are made. For example, while support personnel are effective in working with clients of the disability groups from which they have emerged, this effectiveness seems to be moderated by time limits. With increasing passage of time, it seems that support personnel tend to take on professional behaviors and aspirations. Consequently, they begin to lose their close rapport and effectiveness with the populations they serve. This phenomenon has been observed particularly among support personnel who were formerly alcoholics, addicts, and offenders.

Another question also emerges. Does the introduction of support personnel mean more people to whom the client must relate? And, if so, is this detrimental to the progress of clients? These questions were discussed but not resolved.

Other Observations

Surfacing continuously was the desire for better cooperation between rehabilitation counselor educators and state administrators. Improved cooperation, most of us feel, should be based on greater "openness" and "leveling" with each other. The call for greater "openness" and "leveling" certainly represents a significant challenge. Many of us feel that this conference is a move in the direction of realizing the "openness" and "leveling" desired.

Cooperative opportunities certainly exist in facilitating the acquisition and development of support personnel. In terms of cooperative undertakings which might result from this conference, it has been suggested that universities and agencies might collaborate in helping employed counselors and student counselors to develop techniques for utilizing aides; in helping support personnel to develop and utilize their natural talents; and in conducting evaluative and research studies on the development, utilization, and effectiveness of support personnel.

Some Critical Questions That Remain for Exploration

How can we encompass and utilize the concept of support personnel and at the same time retain the integrity of the rehabilitation process and the pivotal role of the counselor? In considering the rehabilitation process, we are particularly concerned with the responsibilities of a single person in the development of a client.

What modifications in graduate programs in rehabilitation counseling are called for in view of the projected emphasis on employing support personnel?

Are there legal aspects which might help in differentiating the responsibility of counselors from that of support personnel? What are the legal implications, for example, of a former addict dealing with an addict who presents himself for rehabilitation services?

What effect will the coming emphasis on utilization of support personnel have on the professional thrusts of rehabilitation counselors? Will the hiring of support personnel mitigate against further salary increases and the hiring of professional personnel?

These questions emerged and require serious consideration.

Final Note

As stated before, perhaps we should be focusing on the kind of support needed by clients and not simply on the kind of support needed by counselors. In a sense, all of us who serve clients are support personnel. We are supporting clients in their efforts to become more effective persons through utilizing the learnings and the resources, both personal and financial, available through the rehabilitation process.

We certainly need regular examinations of the perceptions of our clients to determine whether we are realizing our stated aims, whether we are practicing what we preach, and whether we are really meeting the needs of the clients. In the past we may have been successful in serving clients. But times are changing. New legislation and new disability groups are presenting new and demanding challenges.

When I started, I asked, "How are we doing? Are we on target? Are our deliberations consistent with the charge given us?" And I said I thought we were doing well, on target, and that our deliberations were congruent with the charge. I also said that the questions yielded by the discussions stood out more clearly than anything else.

We have made a start. We now move into another day of deliberations. As we move, let us move boldly with the confidence that the answers we pursue will be realized before we leave.

BRIEF SUMMARY OF GROUP DISCUSSIONS

Stanley J. Smits, Assistant Professor
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General Observation

An obvious conclusion from the group reports is that the participants are not experts in the use of support personnel. The lack of expertise stems from a lack of experience in the use of support personnel and from the multiplicity of types of support personnel. The term support person was used by the groups to refer to three general categories of personnel: (1) a clerical person possessing some interview skills, (2) a case manager, and (3) an outreach worker for indigenous groups. Within each category are variations related to particular settings and tasks. Stemming from the lack of expertise was the conclusion that it is too early to specify job descriptions (although many were aware that Civil Service may demand it) and models for delivering services by using support personnel.

Also stemming from the lack of expertise was the question: How can we obtain information about the use of support personnel? Groups dealing with this question came up with the following suggestions:

1. Stimulate a Regional Research Institute to evaluate the use of support personnel.

2. Encourage state directors to have their counselors write a justification for the use of one or more support personnel within their specific settings. The compilation of these justifications may provide an estimate of counselor attitudes about the use of support personnel as well as provide descriptions for their use.

3. Allow counselors and support personnel to develop their own operational procedures at this point, but closely observe what they do, to whom, and with what outcome. Another group suggested that support personnel keep logs of everything they do for the next year or so.

4. Randomly select a task force of rehabilitation counselors to meet in Washington to discuss the use of support personnel.

Another general observation had to do with the importance of selecting support personnel with the necessary attributes to perform a specific task or set of tasks. Selection criteria are not easily specified because of the broad array of tasks now being considered for support personnel.

Projected Impact

The impact of the extensive use of support personnel is conjecture at this point. The following points are some of the seemingly more important possibilities:

1. Support personnel may enable us to speed up the rehabilitation process, thereby decreasing some of the negative side effects which develop when clients need to wait unduly for things to happen.
2. Support personnel may enable us to reach a different clientele, i.e., clients who typically do not seek or accept our services (alcoholics, convicts, ghetto dwellers, etc.).
3. Support personnel may enable us to reach more people (increased quantity) and at the same time give them more service (increased quality).
4. With support personnel, counselors may become *counselors.* Noncounseling duties could be assigned largely to support staff.
5. With support personnel, counselors may become *supervisors* with many of the same duties now assigned to supervisors, i.e., approval of plans, management of funds, and being a resource person.
6. With support personnel, counselors may become *consultants* who provide support personnel with specific advice when needed concerning clients or agency procedures. (Another group noted that a support person working with indigenous populations could be a consultant for the counselor.)
7. With support personnel, counselors may become *educators* working at the task of providing on-the-job training for support personnel. (Support personnel working with indigenous populations could also educate the agency staff.)
8. With the use of support personnel, the process may be broken into discrete units with a more clearly defined set of roles and

assignments. This may be the end of the "jack-of-all-trades" model.

9. With the use of support personnel, the process may become more complex with few functional anchor points and with guidelines situational to types of counselor-support personnel teams, their clientele and setting.

10. For the indigenous support person, his work may become the treatment plan for his own rehabilitation. As the support person attempts to increase aspirations among indigenous groups, he will increase his own aspirations, thereby necessitating an agency avenue for increasing his skills, education, job level, and standard of living.

11. The field may be seeing the emergence of a "support process" as well as a "counseling process."

12. With the use of support personnel the process may cost less (lower salaries for support personnel) or more since support personnel require office space, clerical assistance, and administrative overhead while possibly producing less than current staff.

The rough notes turned in by the discussion groups were lengthy. This brief summary contains a select sample of the total and an attempt to integrate some of the ideas. This reporter's bias has probably crept into both the selection and integration processes. Let the reader beware!

REACTIONS TO THE CONFERENCE

Kenneth W. Hylbert, Director
Rehabilitation Education Programs
The Pennsylvania State University
University Park, Pennsylvania

It is a pleasure to take this opportunity to react to the deliberations of the past two days on the use of support personnel in vocational rehabilitation.

Perhaps you may forgive me for digressing briefly to mention a matter which bears some relationship to this topic in that it reflects changes in thinking that have come about over the past few years with respect to the use of support personnel.

Ten years ago a few of us at Penn State sat down together with Mr. Charles Eby, Director of the Bureau of Vocational Rehabilitation, and Dr. Norman Yoder, then Commissioner for the Blind in Pennsylvania, to plan the development of an undergraduate major, Rehabilitation Education. It was our thought that there were levels of functioning in vocational rehabilitation calling for both professional and subprofessional preparation. The new program of studies was approved as an undergraduate curriculum. As soon as the word was spread abroad the reaction was swift and sure. We were widely accused of undermining the profession of rehabilitation counseling. Some of our friends became less friendly. Even a certain federal official suggested with conviction that I ought to dissociate myself from the new curriculum. Mind you — we had not proposed to prepare rehabilitation counselors at the undergraduate level, nor are we involved in preparing counselors at that level today.

Now, ten years later, it is interesting to note that there is an increasingly widespread acceptance of the notion that many of the tasks traditionally performed by rehabilitation counselors can be and ought to be performed by persons of different, or less, or no preparation.

But to get on with the task at hand. Perhaps a few general statements of facts and principles relative to the use of support personnel and the responsibility of counselor educators in this area might be useful:

1. The public programs are committed to providing quality rehabilitation services to as many of the handicapped as budget, staff, and facilities will permit.

2. Legislation of recent years has made possible substantial program expansion and has brought about a need to hire many additional personnel. The shortage of personnel to perform counseling and case management functions is critical.

3. Counselor educators have an obligation to prepare as many rehabilitation counselors as is consistent with their ability to maintain high standards in the professional preparation programs.

4. Rehabilitation counselor education programs will be able to provide no more than a fraction of the new personnel which will be hired for counseling and coordinative functions over the next few years. Such personnel *must* be hired whether they have been professionally prepared or not.

5. To the extent possible, all staff should be assigned duties commensurate with their highest levels of competency. Support functions should be delegated to staff not having had professional preparation whenever and wherever this can be done.

6. Efficient and effective use of manpower are closely related to job satisfaction and contribute much to loyalty to the employing agencies and to low turnover of personnel.

7. New employees not qualified to function at the full professional level, but aspiring to do so, should be provided opportunity for in-service training, professional study, growth experiences, and advancement.

8. Salary levels must adequately reflect differences in duties, responsibilities, and professional and/or subprofessional competence, and such salary differences must encourage the growth and advancement of the individual.

9. We, as counselor educators, recognize the need to assist in the upgrading of new employees who have not had the benefit of specialized or professional preparation.

10. Optimum utilization of manpower and the encouragement of personal-professional advancement require continuing study of position classifications and patterns of progression.

There is a growing awareness of an all too frequent gap between the functions for which we prepare our graduate students in rehabilitation counseling and many of the duties required of field counselors. Relevant surveys are cited in the IRS Training Manual

on the use of support personnel. One study showed that no more than 20% of the counselor's time was spent in client contact, and we might assume that much of this client contact time was not counseling time. Another study revealed that the typical client received no more than two hours of counseling time. Recently one of our doctoral students interviewed almost all of our graduates in rehabilitation counseling who had taken employment in the public programs over a three-year period. His findings showed that most of the duties performed by these graduates were other than counseling, being generally of a coordinative, case-management nature. Furthermore, many of the students felt they did not need a master's degree in rehabilitation counseling in order to perform most of the duties required of them.

Please let me make it clear that I do not question the importance of many of the coordinative case-management functions which field counselors perform. Most of these tasks are essential. It seems obvious, however, that a substantial portion of these tasks do not fit into any proper definition of "counseling" and, further, it is not necessary that they be performed by a counselor.

It follows that there is a doubt shared by many as to whether the typical field counselor ought to be called a counselor — not necessarily that he is unqualified for the title but rather that his functions are so largely noncounseling in nature. But to say this out loud is surely heresy and may very well put one in the position of the Biblical Samson who pulled the temple down about himself. Suffice it to say it is high time we face up to the realities of the situation. Our willingness to discuss the substantial use of support personnel lends some encouragement to the notion that we may be so inclined. Obviously dialogue and action are painful and there is some evidence that many so-called counselors don't want to divest themselves of noncounseling functions, nor do these case managers wish to give up the vaunted title of "Counselor." And so the semantic and related difficulties give states' directors, counselor educators, and professional organizational staff (I think) ulcers of a sort that do not respond readily to treatment.

Prior to this conference I had thought to make some predictions as to what would transpire and then take this opportunity to remark on how accurate my predictions might be. I had hoped that during these three days we would have brought full rhetoric to bear on what is essentially the problem of relieving the rehabilitation counselor of as many noncounseling duties as possible so that he can, at long last, assume the role of a truly professional person who is

free to make the most effective use of his time and professional skills. To some extent, I'm sure, this has been our focus although many other issues have passed in review. I think we have demonstrated with some conviction the justification for the extensive use of support personnel recruited from a variety of sociocultural, educational, and experiential backgrounds, and we have come to some tentative conclusions about how such support personnel might be most appropriately utilized.

Who or what is this person we call a rehabilitation counselor? I would like to react to our deliberations at this conference by saying something about what he is not, need not, or should not be — assuming the optimum use of support personnel, including personnel for the more broadly coordinative or case management functions which the counselor has traditionally performed in the rehabilitation setting. When one looks at the tremendous responsibilities which the state-federal programs must assume as the categories of the handicapped to be served are broadened to include the socioculturally deprived who may have no demonstrable disability in the traditional sense, it is obvious that the need for counselors will increase astronomically and we shall be even less able to afford the dubious luxury of involving qualified vocational rehabilitation counselors substantially in coordinative case management functions. Therefore, I would say that philosophically, and practically, the vocational rehabilitation counselor need not or should not be:

1. The cultivator of referral resources, the case finder.
2. The intake interviewer and program explainer.
3. The personal, social, educational, and vocational history taker. (It doesn't take a person with a master's degree to gather and record such data although certainly the counselor may wish to extend or expand on certain aspects as he sees fit, and he will want to explore with the client the meanings or implications of such data.)
4. The information getter from hospitals, schools, social settings, etc.
5. The case recorder. (Someone other than the counselor can do this except to the extent that it is necessary for the counselor to record counseling outcomes, major decisions, rehabilitation plans and recommendations.)
6. The eligibility determiner. (Although counselor judgments about employability and rehabilitation feasibility enter into

the determination of eligibility, this probably ought to be an *administrative,* not a *counseling* determination.)

7. The services authorizer. (The counselor should recommend services to be utilized to attain rehabilitation goals but the legal authorization of services can and probably should be the function of someone else, i.e., the case manager.)
8. The determiner of level of client fiscal participation. (This should be based largely on objective data using established guidelines and should not require counselor judgment. Let the case manager do it!)
9. The payment for services authorizer.
10. The vendor contactor and contractor. (A case management function. A fairly mechanical procedure which an intelligent person with a bachelor's degree, or less, ought to be able to carry out.)
11. The invoice signer and submitter.
12. The client progress in training checker. (In most cases this can be taken care of satisfactorily by a qualified case manager. When lack of progress is identified it may very well mean that further counseling is in order.)
13. The follow-upper. (In most instances a case manager should be able to make the necessary contacts, judgments, and reports.)
14. The "head counter," the person responsible for the caseload. (If we were to make the radical move toward the extensive use of case managers as coordinators or implementers of services, then they, not the counselors, should be under the greatest pressure to produce. Counselors should be rated primarily, though not exclusively, on the *quality* of the professional service they provide.)

In the limited time I have available the above points must suffer from over simplification. However, if noncounseling personnel are selectively recruited and provided appropriate academic preparation and/or in-service training I submit that, generally, these functions need not and should not be performed by the rehabilitation counselor. For practical reasons it may be necessary for the vocational rehabilitation counselor to be directly responsible for some of the functions listed above. However, after having read the report of

the Sixth Institute on Rehabilitation Services titled *Use of Support Personnel in Vocational Rehabilitation,* after listening to the deliberations of the past two days, and after giving some thought to the matter on my own, my reactions are that we can most effectively conserve and utilize our professional counseling manpower by relieving the *counselor* of as many administrative, supervisory, coordinative, case management functions as possible.

In this counseling-coordinative-implementative complex I see three rather distinct kinds of people: counselors, case managers, and aides. Very roughly speaking I see counselors as professionally prepared at the master's level, the case managers as prepared at the bachelor's level, and the aides prepared at such level of education and/or experience as is appropriate to the specific (limited) functions they may be called upon to perform. Usually, of course, experience and in-service training have an equivalency value and must be appropriately recognized. I am firmly convinced that in the field of vocational rehabilitation almost everyone can do something but I am also equally convinced that not everyone can do everything and I sincerely hope we don't make the mistake of moving too far and too rapidly in the direction of assuming that almost *anyone* can do *anything,* and *everything!*

I am particularly interested in promoting the concept of the case manager as a person who is sufficiently well-educated that he has, or can readily acquire, broad understandings of the field of rehabilitation and of the many interrelated services which contribute to the rehabilitation process so that he can effectively bring to bear the many community resources necessary to the implementation of the rehabilitation plan which has been developed by the rehabilitation counselor in a counseling relationship with his client. Unfortunately, there is not the time to develop this idea sufficiently today. However, it seems that when we are looking for a defensible solution to the acute rehabilitation manpower problems we ought to look to the vast reservoir of intelligent, socially conscious, young people at the undergraduate level who are anxious to get out where the action is and who will find satisfaction in marshalling the resources of the community to meet the needs of the physically disabled, the mentally retarded, the emotionally disturbed, the socially estranged, and the socioculturally deprived.

I would hope, and I will even predict, that we may see the development of a number of undergraduate programs across the country which appeal to young people who have identified the broad field of rehabilitation as the area in which they wish to ex-

plore as they solidify their professional goals. I would see these programs as liberal in the sense described in the Warren-McAlees report. However, for those students who by or in the junior year have identified rehabilitation case management as their primary interest, an option would be available to them which would give them some fairly specific philosophy, principles, understanding, tools and techniques. Such an option can be sufficiently broadly conceived so that the student does not "dead-end" himself, that is to say he can change his objective at any time without significant loss of credit or time and energy.

It *is* possible to preserve the liberal nature of undergraduate education while giving the student useful understandings of man as a physical, psychological, and socioeconomic being. In addition to such understandings, the option herewith suggested would extend the undergraduate program to include some content as suggested by the following course titles:

Introduction to Vocational Rehabilitation

Principles of Case Recording and Case Management

Community Organization (Community as a social system, content and strategies of social change, understanding power structures and avenues of communication)

Community Organization (Rehabilitation facilities and services)

Field Work in Rehabilitation Casework

Graduates of such an option should be competent to communicate effectively with the members of the rehabilitation team and with significant others in the community. They should be competent to establish and maintain good interpersonal relationships with their clients at the *guidance,* rather than counseling, level. Guidance in this instance is seen as helping the client to implement or carry out decisions which the client and the *counselor* have made and which the counselor has authorized in the rehabilitation plan. It suggests some decision making with regard to the implementation of the details of the plan, of course, and it involves directing, explaining, instructing, coordinating services, keeping tab on the client, helping him to keep moving; but it does not suggest major decision making affecting the life style of the client or the broad provisions of the rehabilitation plan.

What is left for the counselor? A great deal that is important in the areas of professional relationships and decision making — decision making with the client as a partner, to be sure. His expertise as a

vocational rehabilitation counselor should include, it would seem to me, evaluation, counseling, planning, recommending and providing quality control over the implementation of rehabilitation plans in some sort of built-in consultative relationship with the case manager. This need not be a line relationship in order to be effective, however, and in the long run the counselor will be more effective professionally if he is not viewed as a supervisor or administrator.

REACTIONS TO THE CONFERENCE

Edward R. Sieracki
Consultant, Rehabilitation Counseling and Psychology
Rehabilitation Services Administration
U.S. Department of Health, Education, and Welfare

During the past two days, some questions have been raised in the small group discussions about the current manpower status in rehabilitation counseling and about whether or not support personnel are really required.

There is no doubt in my mind that a critical manpower shortage exists in the field of rehabilitation. As you heard from Mr. Hunt on Thursday, manpower projections for the field of rehabilitation counseling indicate that about 3,000 new counselors are required annually to fill established positions. I thought it might be useful to share with you the results of our annual employment status follow-up study of graduates from the master's degree programs during the 1967-68 academic year. Final data were received and compiled only this week. They show that there were a total of 1,017 graduates from 57 RSA-supported rehabilitation counselor training programs. Of this total 923 received RSA stipends while 94 did not. No report was received on 40 graduates since it was not possible to locate them. Sixty-six (or 7%) of the 977 graduates on which reports were available were unemployed. Twelve (or 1%) were homemakers, 27 (or 3%) were in the armed forces, 76 (or 8%) entered doctoral training.

Looking at the remaining 796 graduates (or 81%) of the 977 reported, 409 (or 42%) were employed as counselors in State vocational rehabilitation agencies, 277 (or 21%) took positions as counselors in other rehabilitation programs, 20 (or 2%) took teaching or research positions in rehabilitation, 32 (or 3%) were employed in jobs closely related to rehabilitation (teachers of special education, probation officers, psychologists in guidance clinics, etc.), while 58 (or 6%) entered fields unrelated to rehabilitation (accounting, sales, etc.).

It is obvious from these results that, although the number of graduates continues to increase annually, we are not closing the manpower gap in rehabilitation counseling. It is also quite apparent that we are in an emergency situation if we are to meet the 1975 goal of serving all the disabled of this nation. It seems to me that

the effective use of support personnel will go a long way in helping to meet this goal.

The past two days of discussions and presentations have been for me, most informative, provocative and perplexing. There have been many more questions and issues raised than solutions presented to the myriad of problems confronting us and related to the use of support personnel.

Since our time has been limited, I would like to share with you a few comments and reactions.

1. We have learned that different types of support personnel are currently being used in a variety of ways and are serving different client populations. To develop a set of definitive guidelines for general, widespread usage is most difficult and frustrating, as we have discovered. A course of action described earlier seems to hold considerable merit. This would entail having each state determine its own needs and define its own objectives in coming to grips with the problems of selection, preparation and utilization of support personnel. For the development of a truly effective program, a close and cooperative working relationship with university training programs is required.

2. It appears that if we are to most effectively utilize counselor aides in performing nonprofessional tasks, we need better trained counselors to ensure high quality professional counseling for the disabled.

3. Counselors, if they are to supervise aides, must know how to supervise effectively. Have provisions been made to train counselors to be effective supervisors? I would guess not. Little, if any, attention has been given to this important matter by program coordinators.

4. There is a definite need for continuing research. Studies are required to evaluate both qualitative and quantitative aspects as they relate to the delivery of rehabilitation services when support personnel are involved.

5. To take advantage of knowledge gained and to examine more intensively the specific issues raised at this conference, the involvement of the JLC in follow-up sessions is imperative. In addition, follow-up meetings at the regional and state levels should be held involving both state vocational rehabilitation personnel and rehabilitation counselor educators.

REACTIONS TO THE CONFERENCE

Wade O. Stalnaker, Director
School of Rehabilitation Counseling
Virginia Commonwealth University
Richmond, Virginia

My reactions to the presentations in our general sessions and to summaries and other points during this conference will be brief. Much has been said concerning support personnel during the past decade. I observe that much more has been said concerning this problem during the past three days.

The literature published in recent years suggests many different approaches to meeting personnel needs. Some of these suggestions have been tried and I feel have proven to be successful. The project at Watts, Los Angeles, is one approach, among many others, which probably should receive further attention.

We recognize the value in carefully planned approaches in meeting personnel needs; however, we should recognize that with continuous rationalization concerning certain problems these approaches may never come to fruition.

It is amusing that the general tone of meetings such as this appears to indicate the desire for endless rationalization before it would be possible or appropriate to start working on immediate problems under consideration. I feel we already have minimum necessary guidelines which we can utilize in taking first steps in the solution of our immediate problem of manpower shortage in the area of support personnel. I feel we should take action now. After approximately a decade of rationalization, it would appear that we should have sufficient initiative to utilize effectively federal funds which have been provided during the past three or four years for the training of support personnel.

REACTIONS TO THE CONFERENCE

George N. Wright, Coordinator
Rehabilitation Counselor Education
University of Wisconsin
Madison, Wisconsin

"What makes rehabilitation think it can succeed in the war on poverty when OEO failed?" That question was asked at a recent national conference concerning the vocational rehabilitation of the culturally disadvantaged. We know that rehabilitation — the state-federal agency approach — is effective with the disadvantaged as well as the disabled. We must ask ourselves why, lest we destroy the golden key to a half century of success.

Wood County, Wisconsin, has provided evidence that the rehabilitation approach is highly successful with the culturally handicapped, i.e., unemployables with social, financial, and educational limitations. General public assistance costs were cut in half. We have known for years that rehabilitation pays off for the medically disabled: about a $35 increase in projected lifetime earnings for every dollar spent on rehabilitation service. Now we find the increase is twice as great for the culturally disadvantaged. In Wood County, rehabilitation of the culturally disadvantaged gives a 70 to 1 payoff. I am referring to rural poor people who don't have all the characteristics of ghetto residents, but still nearly two-thirds of our sample were on public relief before rehabilitation and less than 5% needed any assistance afterward.

The culturally disadvantaged can be rehabilitated. Wood County and other SRS-sponsored R & D projects help point the way to overcome poverty in our country. Now let us look at why the state-federal rehabilitation program works so well.

The two forces in the rehabilitation theater of operations are first, the total rehabilitation process which actively uses all resources of the community, and second, the guidance system and the secret weapon of the whole process, the state vocational rehabilitation counselor.

The spectacular success of vocational rehabilitation is due to the system which makes one man squarely responsible for rehabilitating a handicapped individual. It matters not whether you call him a counselor, psychologist, or professional rehabilitationist. He is the man who develops a practical depth of knowledge about his

client and, by mutual diagnosis and planning, puts to use the appropriate professional and other community resources for his client.

A phenomenon which has always interested me is that you can put a good but untrained man in this job and, if he works at it, the system will turn him into a professional. I guess this is because of the unique and marvelous opportunity to follow his clients all the way from intake, through counseling and planning, to placement and follow-up. It's a fine opportunity for feedback and professional development. Every client is a case study. Of course, we cannot recommend this method of counselor preparation because of its potential harmful effects upon handicapped people as experimental subjects of the neophyte.

The most serious barrier to the efficient and successful rehabilitation of the disabled and disadvantaged in America and all over the world is the shortage of appropriately trained professional workers. Within the last 10 years or so, 70 U.S. universities have developed rehabilitation counselor education programs leading to the master's degree. The course of study involves two years of professional preparation including supervised clinical practice with handicapped clients.

The plan of study should lead to a broad understanding and application of both counseling and rehabilitation psychology. The psychological bases should include information about environmental influences and resources. Knowledge of human behavior is developed by both didactic and practical-clinical instruction throughout the master's degree preparation.

The central professional person in the total process of rehabilitation must be able to provide services which include counseling, but go beyond the one-to-one counseling relationship for full utilization of environmental community resources culminating in behavioral change. The rehabilitation process is a treatment system, an integrated pattern of services. This process is developed and coordinated by the counselor through an individualized client relationship for evaluation, planning and provision of purchased services, as well as counseling assistance.

The counseling services in rehabilitation are oriented toward using all available client and environmental resources. Unlike guidance counselors in educational settings, the role model of the rehabilitation counselor incorporates both counseling and rehabilitation psychology and encompasses both internal and social-environmental forces. Since rehabilitation is broader than counseling, this model has great implications for rehabilitation counselor job de-

scriptions, education, and research. This paradigm is the basis of the University of Wisconsin Regional Rehabilitation Research Institute (RRRI), and its programmatic studies on the role and functions of the rehabilitation counselor. (The Institute, now entering its second five-year period is staffed by members of the teaching faculty of the University of Wisconsin Rehabilitation Counselor Education Program.)

The research model of the Institute is based on the premise that the client rehabilitation process is influenced by counselor functions in interaction with the context of these functions. In this model nine counselor functions are conceptualized: (1) case finding, (2) eligibility determination, (3) counseling and vocational planning, (4) provision of restoration services, (5) provision of client training, (6) provision of supportive services, (7) employment placement, (8) consultation provided to other agencies serving the handicapped, and (9) public relations. Contextual covariables include selected attributes of: (1) the client, (2) the counselor, (3) the agency, and (4) the community.

In the RRRI model, the functions of the rehabilitation counselor are conceptualized as parallel to the total rehabilitation process, throughout which the counselor is the key professional person. The programmatic research of the University of Wisconsin RRRI is structured by this two-dimensional model. Thereby, the functions of the DVR counselor are systematically examined at each step in the rehabilitation process (e.g., eligibility determination, counseling, placement) in interaction with variables which influence the process (i.e., client, agency, community, and counselor variables). The RRRI model for research on the functions of the rehabilitation counselor reflects our view of the breadth of his professional responsibilities. The unique sets of service needs of the rehabilitation client, the rehabilitation agency and its legal structure of policies and resources, the community or environmental forces (both positive and negative), and the competencies of the counselor as the professional person all determine the counselor's role and function.

For many years university counselor educators and rehabilitation agency administrators have been discussing the appropriate functions of rehabilitation counselors. Until recently, many educators stood pat on the position that "counseling is counseling" and that agencies should adopt staffing and other policies required to employ client-centered counselors. They argued, in effect, that a profession is not defined by the employer. On the other hand, the DVR administrator complained that the counseling graduates were prepared for

occupational responsibilities which were inappropriate for functioning in an agency. This dialogue has led to a growing awareness that the profession does not exist for the agency nor does the agency exist for the profession. Both agency and profession exist to serve people. The needs of handicapped clients should dictate what a rehabilitation counselor and the DVR agency do, including counseling service, but by no means limited to it. The concern of people identified with vocational rehabilitation (counselors, educators, administrators, and research personnel) should not be the needs of an arbitrarily defined profession, but instead the needs of the rehabilitation client. We believe the professional rehabilitation worker must have a broad understanding and active role in the constructive modification of human behavior and environmental forces.

There is no doubt that the sheer magnitude of the number of persons needing vocational rehabilitation precludes the luxury of extended one-to-one counseling relationships. There are too many handicapped, disabled, and disadvantaged persons waiting for help. It is pleasant to don professional blinders, to focus on a single client, and to proclaim that the goal of rehabilitation is the "maximal adjustment of the disabled person in all life areas — personal-emotional adjustment, etc., etc., as well as getting a job." But there are millions who need help, and getting a job can and does somehow resolve many personal, social, family, economic, and other problems without psychotherapy.

The rehabilitation process with professionally planned use of all resources of the client and of his environment is effective in total adjustment. And the time of the central professional person, the rehabilitation counselor, per client is not excessive. Our economy and manpower resources can afford it.

Let us not forget, however, that the professional rehabilitationist is central to the rehabilitation process. Don't short-cut his longitudinal feedback and direct responsibilities to his clients. Don't downgrade his requirements of thorough psychological understanding of human behavior. Instead, let us supplement the availability and time of professional rehabilitation counselors with a staff who will help him implement his professional responsibilities.

SUMMARY OF REGIONAL GROUP MEETINGS

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From the reports given by the recorders, it would seem that the regional group meetings primarily involved the question of how to meet the training needs of support personnel. Secondly, there seemed to be some discussion on how the financing of such people might be carried out. Finally, there seemed to be some mention of a topic by one group, or at most two, which I have included under the rubric "Miscellaneous" for purposes of this report.

Meeting the Training Needs of Support Personnel

In discussing the training of support personnel, the regional group meetings appeared to be concerned with sources of training rather than content of such training. Frequent reference was made to the following sources for the training of support personnel:

1. Regional Research and Training Centers
2. University training programs
3. Contracts with professional people in the community for selected parts of the training
4. Community colleges
5. Agency in-service training

Since, in our discussions of the "support" person there seemed to develop a diversity of roles, for example an "outreach" person for a minority group as well as someone "to help with the paperwork," it would seem that a discussion of training content for specific types of support people must be developed, and it is not relevant to speak of training for such people in the general case.

Financing Support Personnel

Discussion here centered primarily on sources of funds for support personnel that might develop out of model cities funds, OEO projects (with assignment to the local rehabilitation office), "third party" money from private agencies, schools, etc.

Miscellaneous

Included here were such topics as:

1. Developing a brochure within a region to circulate to colleges for recruiting support personnel.
2. The difficulty in meeting the personnel board's requirements in the classification of support personnel. When this topic was discussed, it was thought that time and care should be taken with the state personnel director in developing job specifications for such positions.

Overall, there was considerable sentiment for the concept of agencies and universities taking a more active role, within their regions, for developing sound programs for support personnel within rehabilitation settings.

APPENDIX A

Report of the Joint Liaison Committee Meeting on Utilization of Rehabilitation Counselor Aides*

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The theme of the discussion at the Joint Liaison Committee meeting held at San Diego State College followed that of the Clearwater Joint Conference recorded in this Bulletin. Counselors and counselor aides from the San Diego office of the California Department of Rehabilitation were present at this meeting to present their viewpoints. Several students from the counselor training program at San Diego State College were also there to observe and comment.

Mrs. Lenore Ridenour spoke about the essential stages of developing a training and orientation program for rehabilitation counselor aides based on her experience since 1966 with such a program in California. Before beginning her discussion, she referred the Committee to the training guide, *Use of Support Personnel in Vocational Rehabilitation,* published by RSA as a result of an Institute on Rehabilitation Services study in 1968. She emphasized the following major points:

1. Rehabilitation counselors must be involved early in the planning since the effectiveness of the program depends on the counselor-aide relationship. For the same reason, at least at the beginning of the program, only experienced counselors who want aides should be involved.

2. An orientation program for counselors should be run concurrently and, preferably, jointly with the training program for aides.

3. Job objectives and responsibilities of aides must be carefully defined.

4. If the aides are to be community advocates, or so-called indigenous personnel, consideration should be given to the

* The Joint Liaison Committee includes this report of the meeting held March 6-8, 1969 at Coronado, California, as relevant follow-up discussion of the ideas stimulated by the Clearwater meetings.

amount of cultural difference that can be tolerated by the aides and the other agency personnel involved.

5. Developing role ambiguity on the part of aides must be anticipated and plans made to handle it. Identifications and role expectations of aides can be expected to change with increased agency experience.
6. Career ladders must be developed for aides who want to move up.
7. Competitive feelings may develop between counselors and aides particularly at the beginning of a program, and some means of dealing with them must be foreseen.
8. In setting up a training program for aides, priority of needs should be established early and reinforcers built in step by step. It is helpful if the counselor can participate with the aide, especially since most counselors have not been trained in supervision.

During the discussion periods several of the above suggestions were reemphasized and elaborated; the importance of keeping client and community needs as the focus of concern was stressed; and it was proposed that the fundamental role distinction between counselors and aides was that of professional judgment.

Joint Liaison Committee members also talked with four counselor aides and three counselors from the San Diego area. The major feelings expressed by the counselors and counselor aides were the following:

1. The counselor aides forcefully expressed a feeling of being frustrated in doing their job effectively due to excessive administrative rigidity. A real resentment was expressed over having to clear explicitly every decision with the counselor. They did not object to consulting on major decisions or problems, but did object to having to track down the counselor to reverbalize a decision that had been discussed before, that was routine, and that was likely to be approved. Each aide indicated he had experienced some situation or situations when the counselor could not be reached and the delay caused the client either to become very impatient or to lose confidence in the aide and to drop out of the program. They suggested that each counselor be allowed to decide how much decision-making authority to delegate to an aide on the basis of the counselor's personal knowledge of the aide and the client.

2. A second frustration expressed was with the title "aide." The aides indicated that the "flunky" connotations of that title made it difficult for them to develop professional community contacts with, for example, potential employers of clients. They indicated some preference for the titles of assistant or technician as more accurately describing their jobs and as possibly being less of a hindrance to their work.

3. Both the aides and the counselors saw their relationship as that of members of a team with the counselor having primary responsibility for the client and for the final decision making, but not really acting as the "boss." These aides did handle some cases almost entirely by themselves and, in the opinion of the counselor, did as well as the counselor, thus reducing the counselor's caseload of routine cases and helping the counselors with other cases. Both counselors and aides seemed enthusiastic about the team concept, but indicated that they knew some counselors didn't want aides and some probably shouldn't have aides.

4. The aides did feel that they could communicate with some clients better than counselors could. There seemed to be two basic reasons behind this feeling, language and attitude. "The counselor doesn't speak the client's language" implied either an obvious gap, as in the case of a non-English speaking client, or a more subtle cultural gap apparently based on social status and formal education, leading some counselors to be perceived by clients as bookish, or as too theoretical to be tuned in to their language and problems. The implication was that some counselors were well-meaning but ignorant or inflexible. A second, probably more serious limitation suggested was that some clients perceived the counselor as wanting to "keep them in their place." Finally, the aides indicated that they did not mean their criticisms to apply only to individual counselors but that there also was a tendency of the system to contribute to the problem.

5. The impossibility of usefully considering "counselor aides" as even a relatively loose descriptive category was again emphasized. The aides present were hired under the job specifications written for the so-called indigenous client advocates, but they had all had two to four years of college, some years of experience in responsible jobs involving interpersonal relations, were taking evening courses, and planned to be professional

rehabilitation counselors. While these aides strongly rejected the label "indigenous," they maintained just as strongly that they felt quite comfortable and accepted in the communities in which they worked.

6. Several assorted comments were made which seemed worth noting:

   a. It is important to match counselors and aides as a team.

   b. Once a really "indigenous" client advocate becomes useful to the agency, his effectiveness appears to be destroyed because he becomes part of the "establishment." Those who do not become part of the "establishment," on the other hand, may be quite upsetting to the other staff members.

   c. The aides said they would like counselors to be trained and skilled in interpersonal relations and supervision, and that counselors should be knowledgeable, experienced, dedicated, honest and "real people."

   d. The counselors said they would like aides to be good communicators, to be familiar with agency procedures, and to have some understanding of medical information and confidentiality.

Carroll Craft, Ben Coffman, Raymond Ehrle, James Kelz, Bird Terwilliger and James Woods formed a panel moderated by John Schmidt to react to the different subcommittee discussions. They emphasized the necessity of a carefully developed training program for counselor aides. The panel also observed that attempts to resolve some of the problems regarding aides had led rather quickly to a more general discussion of basic rehabilitation philosophy and implementation, and suggested that perhaps the most appropriate role of the Joint Liaison Committee with respect to concerns such as optimal use of counselor aides was to try to understand the current situation and specify questions rather than to try to resolve them.

APPENDIX B

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